

HIV-AIDS, RISK AND THE TRANSFORMATION OF SEXUALITY IN YOGYAKARTA

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ABSTRACT

HIV-AIDS, Risk and the Transformation of Sexuality in Yogyakarta

HIV-AIDS is both an agency for change and an unfortunate side effect of the revolutionising forces of globalisation and modernisation. The epidemic should not be viewed simply as a biomedical concern. HIV-AIDS brings into question all that motivates and preoccupies a society. By looking into the phenomenon of such a meaning-laden illness we can learn much about a nation and the way that nation wishes to be portrayed.

In recent times, HIV-AIDS has been perceived theoretically as a gendered epidemic. The inference is that the virus is longer perceived to affect homosexuals or marginalised communities only: it has also taken on a female face.

In developing nations the epidemic is conceptualised as an illness of deviants and a metaphor for socio-sexual liberation and transgression. This understanding has encouraged policy makers and charismatic authorities to vigorously promote strictly conservative cultural values in order to address the issue of HIV-AIDS.

Javanese culture has very clear understandings of masculinity and femininity, articulated in a gender ideology which was strengthened and systematically imposed during the period of the conservative Suharto regime. Women who stepped outside the models prescribed by this ideology were and continue to be condemned and silenced. A conservative gender and sexuality ideology shapes the manner in which men and women interact.

Nevertheless, throughout history there have existed alternative models. In the contemporary period these models in many ways align with influences from other worlds. Young women living in urban contexts in Java are exploring alternative ways of self-expression, beginning to question traditional ideals and demonstrating diversifying and modernised socio-sexual behaviours.

This dissertation seeks to explore emerging female socio-sexual identities in Yogyakarta, Indonesia, within the framework of the impact of HIV-AIDS and young women's perceptions of the epidemic. Observations of the lifestyles of young women are brought together with an exploration of their attitudes and experiences related to sexuality and HIV-AIDS. It is argued that HIV-AIDS can be used as conceptual tool for investigating change.

The manner in which the epidemic has been apprehended by the authorities and how it is understood and experienced within society can be seen to reflect both the formal agendas of the nation and how nation and society are transforming.

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INTRODUCTION

HIV-AIDS,¹ RISK, PREVENTION AND GENDER IN THE CHANGING SOCIO-SEXUAL CONTEXTS OF YOUNG URBAN JAVANESE WOMEN.

And a Planned Parenthood survey asked, 'Are you presently sexually active?', a bread-and-butter question the organisation thought it could count on, 'No,' wrote one young woman in response, 'I just lie there' (Treichler, 1992: 258).

Yes, (I am at risk), as I am already in a sexually active relationship. I want to be responsible for my own actions and my body, so I need know about HIV (Female informant).

...sexuality is a fertile source of moral panic, arousing intimate questions about personal identity, and touching on crucial social boundaries...sex [is] a particular site of ethical and political concern (Weeks, 1985: 44).

AIDS is positioned beyond the prescribed margins of the mainstream, in the discourse of deviance. The language of immorality, sickness and communicable disease that was already present in the discourse on deviant behaviour, such as sex work and homosexuality, has been reinforced by the arrival of AIDS (Murray, 2001: 33).

Most people here think 'our kids' aren't like that but young kids here are as naughty as kids anywhere in the world. Society just won't admit it (Female informant).

Infectious diseases to which sexual fault is attached always inspire fears of easy contagion and bizarre fantasies... (Sontag, 1988: 27).

I know a lot of people who cheat. It's like the norm with young people in Indonesia. I don't agree really, but it's everywhere and to different degrees too (Female informant).

Risk taking and risk aversion, shared confidence and shared fears, are part of the dialogue on how best to organise social relations. For to organise means to organise some things in and other things out (Widlavsky et. al., 1982: 8).

Success in the prevention of HIV-AIDS will largely depend upon our cooperation in returning people's sexual behaviour back to cultural and religious norms and values long held by Indonesian people (The Indonesian Ministry of Religion).

I think you can tell if she is a 'bad' girl...There are heaps of girls like that in Yogya (Female informant)

The statements quoted above highlight the central concerns of this dissertation which seeks to explore and analyse the contexts, motivations and implications of such sentiments, and

¹ Note on language use. Very recently, the acronym for the epidemic, HIV/AIDS, was altered, taking the form of HIV-AIDS. This indicates a paradigm shift from the understanding that HIV (the virus) and AIDS (the syndrome and illnesses part of) are not one in the same but rather that HIV may lead to AIDS.

the discontinuities between them. Through using HIV-AIDS as a conceptual tool I wish to extend understanding of changing attitudes towards sex and sexuality in Indonesia and how these give expression to wider changes involving gender and relationships. The thesis will attempt to illustrate the connections between the forces of HIV-AIDS, attitudes to sexuality and young women's contemporary experiences in Yogyakarta.

HIV-AIDS as historicised phenomenon

Major forces of social change such as war, modernisation and globalisation serve to challenge pre-existing notions of identity, security and community. Similarly, natural disasters, plagues and epidemics may also threaten the integrity of a society. One reaction to this threat is that of the ideological reaffirmation (or sometimes revival) of old values and norms. The re-adoption of these norms, it is believed, serves to shield the individual, and the body politic, from such catastrophe.

Diseases, and sexually transmitted infections most significantly, have at different points in history served to justify the expansion of old or the introduction of new mechanisms of social control which seem to be grounded in and protective of many preconceived notions and values. HIV-AIDS in particular has challenged traditional notions of the ideologically legitimate society member.

Throughout history, the prevailing religious, cultural, political values and sanctioned notions of morality have influenced our perception of disease and the diseased. It is important to recognise that the social and biomedical aspects of a disease or epidemic are interrelated parts of a singular social experience. Risse has pointedly commented that:

our public memory has grown dim and we need to remember the social reactions to other epidemics, particularly because, with AIDS, we are already repeating them, despite all of our perceived sophistication (Risse, 1988: 56).

Since its first instance, the interpretation and reception of HIV-AIDS has been significantly influenced by the way people view sexuality, gender, power, identity and personal security. Its psychological, political and socio-cultural dimensions link it closely to imagined social ills and questionable behaviours. Those believed to be found within such environments and the actors of such transgressions — sex workers, homosexuals, drug users, socio-sexual misfits — are consequently symbolically removed from the “genetic, viral, and bacteriological law and order of the clean and proper body...*the* privileged community of the Same” and the figurative safety that comes with such legitimacy (Haver, 1996: 19).

HIV-AIDS as metaphor

By looking at the emergence of a new disorder or illness in a society we are able to learn about the society in which this phenomenon occurs. Examining how a population constructs its responses to an infectious disease tells us much about the agendas of the body politic, and what constitutes its gender and sexuality ideologies. Susan Sontag’s (1988) work has been pivotal in developing the notion that illness, HIV-AIDS in particular, could be understood as a metaphor imbued with multifarious meanings. She postulated that HIV-AIDS is a:

micro-process...described as cancer is: an invasion. When the focus is transmission of the disease, an older metaphor, reminiscent of syphilis, is invoked: pollution (Sontag, 1988: 17).

She comments that, “to get AIDS is precisely to be revealed” and furthermore in turn identified as a member of a certain ‘risk group’, “a community of pariahs”, disassociated from the greater sanctioned community (Sontag, 1988: 23-24). She goes further to equate sexuality and sex with fear, in that “fear of sexuality is the new, disease-sponsored register of the universe of fear” of modern times (Sontag, 1988: 73).

HIV-AIDS and the transformation of sexuality

A powerfully fear inducing aspect of sexuality is its connection with the processes of modernising social change. Sexuality can be imagined as “a kind of territory, a terrain that can be occupied and organised by different kinds of social, emotional and institutional arrangements” (Kane, 1993: 974) which are dynamic, reflexive and fluid, and informed by outside influences and phenomena, such as globalisation and modernisation. Consequently, it is arguable that HIV-AIDS is not only connected to alternate sexualities and communities but it is also a potent symbol of “the risk climate of modernity” (Giddens, 1991: 124).

Foucault understood sexuality as a fluid and malleable construct and illustrated this in his well-known analysis, *The History of Sexuality*:

sexuality must not be thought of as a kind of natural given which power tries to hold in check, or as an obscure domain which knowledge tries gradually to uncover. It is the name that can be given to a historical construct: not a furtive reality that is difficult to grasp, but a great surface network in which the stimulation of bodies, the intensification of pleasures, the incitement to discourse, the formation of special knowledge, the strengthening of controls and resistances, are linked to one another” (1979: 105-6).

Foucault’s treatise offered sexuality theorists a wider conceptual context with which to explore the development of modern sexual discourse and the sexualities found therein. Envisaging sexuality as both a historical and socio-cultural invention that consistently evolves and changes encourages us to question existing sexuality and gender categories. In this sense, the “deconstruction of sexuality prepares us for reconstruction”, and HIV-AIDS has forced us to further re-evaluate and challenge the “invented moralities in sexual history” (Weeks, 2000: 9).

HIV-AIDS and the transformation of sexuality in Yogyakarta

This dissertation posits that a major gulf of understanding separates the long-standing relatively unquestioned concepts of dominant Javanese gender ideology and the socio-sexually conservative policies of government officials and community leaders grounded in such ideology from the rapidly changing social attitudes and experience of young Javanese women.

The attitudes of governmental authorities and official discourse concerned with HIV-AIDS as a social illness contrast sharply with the way young women understand, respond to and articulate their changing social conditions. The contradiction between these positions also provides insight into the role of HIV-AIDS as an unfortunate side effect of modernity and as an agent strongly connected to changing socio-sexual environments.

By examining the way in which young women in Yogyakarta have responded to the epidemic and how it is understood by them I hope to shed light on broader patterns of change and the transformation of sexuality. I believe that HIV-AIDS as an epidemic can be used as a conceptual lens with which to examine what I describe as a potential paradigm shift from 'traditional' to 'transformed' sexuality. I argue that sexuality is a construct and a dynamic not restricted to a specific time and place; it can be actively or passively transformed and adapted.

The spread of HIV-AIDS has brought about a re-examination of traditional sexual cultures, of the social costs of rapid growth and change, and of the ways repressive political regimes compound national vulnerabilities, for example with dated policies towards appropriate sex education and deficient health legislations. HIV-AIDS forces us to look at sex, and at the ways in which sexual activity and identity often, even regularly, violate gendered socio-cultural norms and challenge shared mythologies. Moreover, in line with the sentiments of Weeks (2000: 133), "[as] sex goes, so goes society".

Yogyakarta has been chosen for this study as a major educational centre, where large numbers young people from all over Java and Indonesia more broadly live and socialise in conditions very different from their home environments. Yogyakarta is also a long established court centre renowned for its rich traditional culture, with a still popular and active sultanate, which has also been closely involved since Independence with the politics of the Indonesian nation state. The city is an amalgam of the traditional and the modern, the 'mystical' and the modernised. Its mixture of ongoing traditions and modern cultural influences, and the interaction of ethnic, cultural and religious groups among the student population, make it an ideal place to investigate the impact of societal change.

Because of the strength of Javanese cultural tradition reflecting Yogya's history as a court centre, and its ethnically, culturally and religiously mixed population, the role of Islam as the predominant religious tradition is not as obvious in Yogyakarta as in many other areas of Indonesia. Thus, in discussing 'dominant ideology' in the field of gender I have concentrated mainly on traditional Javanese concepts of male and female and the way they have been constructed in state discourse rather than on specifically Islamic ideas. However, in as much as Islam and local cultures in Indonesia are frequently experienced as a natural blend rather than contrasting categories, Islamic values necessarily inform understandings of 'Javanese tradition'. At the same time, similarities of experience between young people facing the complex interaction of traditional cultures and global influences in different regions of Indonesia make analysis of these issues in Yogyakarta useful and relevant for the nation as a whole.

HIV-AIDS in Indonesia can be seen to be about both gender and sexuality and what it means to be an Indonesian, or Javanese, at this specific point in time. Furthermore, although sexuality is often seen as something unchanging, asocial and transhistorical, this is not the case. Forces and agents of change such as modernity and the instance of HIV-AIDS can bring into question and challenge existing sexuality constructions, and more generally how these relate to gendered identities and sense of nationhood.

With the reported ever-increasing instance of HIV-AIDS, sero-positivity and changing socio-sexual mores, there is much evidence to indicate the potentiality of a growing pandemic amongst young Indonesians, and young women are at particular risk. Nafsiah Mboi, the current Secretary for the National AIDS Commission (KPA) stated that the recent rise in high sero-positivity rates in women and girls is inexorably related to a gendered ideology that places Indonesian women at increased risk of infection by dated notions of femininity and masculinity dictating how they should interact sexually. She contests that their vulnerability is further compounded by a lack of pertinent sex education initiatives that address their specific information needs (*Jakarta Post*, 13/3/2004).

Many advocates decry the government's recalcitrant attitude towards the establishment of an effective sexual and reproductive health program for youth, arguing that its position has in fact not served to prevent instances of premarital sex, only further endangered youth who may lack the skills and knowledge to negotiate and assert their rights (Tampubolon et al, 2004). In addition, the fact that premarital virginity, particularly for females, is still a valued asset in Indonesia, in fact addressed specifically in Islamic law, coupled with the shame involved with sex makes it difficult to fully assess the extent of premarital sex as a developing phenomenon. Nevertheless, many perceive it to be growing problem (Munti, 2004: 135, Sadli, 2004: 24).

Sexuality and sexual behaviour are heavily contested concerns as they develop and change. In Indonesia, self-styled as a culturally and religiously conservative nation, constructions of appropriate male and female behaviour dictate the manner in which men and women should behave and interact. Government and faith-based authorities are reluctant to acknowledge and consistently silence the existence of alternative gender identities and behaviours which clash with recognised sanctioned models, and may thereby subvert national ideals.

Female corporeality plays a pivotal role in the imagining of a nation state. As primary biological reproducers women are consistently conceptualised as the symbolic mothers of the nation and this in turn has meant that female reproductive and sexual health rights have become a matter of national policy and concern. In contemporary Indonesia, not only is

female fecundity of central interest to the well-being of the body politic, state authorities have actively regulated sexuality with the introduction of family planning and population control initiatives as well as the instatement of legislation that regulates marriage, rape, abortion, pornography, homosexuality and prostitution. In the process of regulating the nation state and maintaining the impermeability of its boundaries, the apprehension of and control over female sexuality becomes integral (Martyn, 2005: 17).

Central to the Javanese gender ideology is the maintenance of a conservative sexuality wherein both male and female behaviour is accordingly identified. The notion of *nafsu*² forms the foundation of Javanese discourse concerning sexuality; men are purported to have too much, women heavily censured in order to express little. Moreover, the recognition of male *nafsu* as stronger and more intense is juxtaposed with an ideology of female responsibility wherein women, wives in particular, are required, albeit passively, to channel and manage male sexual desire. This in turn perpetuates a sexual double standard in which men are *a priori* assumed to be naturally adulterous and women ideologically inhibited from stepping outside of the boundaries of socio-culturally sanctioned sexual behaviour.

In Central Java, more specifically, Yogyakarta,³ the manner in which HIV-AIDS is apprehended and conceptualised is inextricably linked to understandings of morality, male and female sexuality, hegemonic gender ideologies and also in a broader sense notions of risk and danger. An investigation into both the impact of the epidemic and how HIV-AIDS has been acknowledged and apprehended by the government and social leaders, the media and civil society will necessarily reveal new and continuing discursive constructions of sexuality and gender. Furthermore, an analysis of the cultural cognition of HIV-AIDS in young urban women will hopefully shed light on how attitudes concerned with sexuality and gender are evolving and changing. The way these women view their own personal risk

² “*Nafsu*” could be loosely defined as desire, but specifically refers to lust or libido.

³ Wright Webster (2008) also noted that Yogyakarta is “a city in central Java where local, regional and globalising discourses of gender and sexuality are being reworked”.

will also indicate how empowered they feel when negotiating personal relationships and their bodies in contemporary situations.

Existing resources

There is a wealth of material, contemporary and historical, on both gender expectations and the control of women's sexuality in Java. On the other hand, there is also a dearth of studies that intentionally seek to deconstruct alternative sexuality discourses and models.

Throughout recorded Javanese history, there is much evidence of the importance of managing women's sexuality. In dissertation sections problematising issues of gender and tradition I refer to the important works of Geertz (1961), White and Hastuti (1980), Sullivan (1983, 1991 and 1994), Keeler (1990), Gerke (1992), Kusujiarti (1995), Brenner (1995, 1998), and Creese (2004). Modernising and traditional gendered representations of women in Java have also been articulated by Hatley (1990, 1992 and 2002), Tiwon (1996), Aripurnami (1996, 2000), Berman (1998) and Robinson et. al. (2002).

The influence of the New Order regime upon gender and sexuality constructions and the politicised nature of sexuality in Java are detailed by Djajadiningrat-Nieuwenhuis (1987), Suryakusuma (1996), Sastramidjaja (2001), Wieringa (2002) and Blackburn (2004).

By contrast, studies of Indonesian masculinity constructions and issues of alternate sexuality such as that expressed by transgender women remain largely uncharted anthropological territory and thereby continue to remain relatively unproblematised (Oetomo, 2000, Clark, 2004 and Boellstorff, 2005). There is also little written on sex work and lesbians with the exception of Murray (1991, 2001), Jeumpa et. al. (2001) and Wright-Webster (2008).

In the past very few studies had focused on youth sexuality and the changing impact of social forces such as modernity (Murray, 2001; Smith-Hefner, 2006). Now, however, there is a growing body of work attempting to address such issues. It is hoped my work will further this field. A recent article by Beazley (2008) which documented the modernising

socialising forms and participation of young women in Bali nightlife touches on concepts similar to my research findings, particularly her interest in what she terms 'geographies of resistance'. Parker (2008) reflects upon understandings of 'Indonesian' sexuality where she posits 'something different happens'. Barker's article (2007) on the impact of technology on relationship dynamics is also applicable to my research.

Although Indonesia is a culturally and linguistically diverse country, the majority of public health initiatives and dominant political and gender ideologies are strongly informed by Javanese socio-cultural mores and consistently emphasise their agendas. For discussion of this phenomenon see articles in the collections by Oey-Gardiner et. al. (2000); Sulastri, et. al. (1996); Schiller et. al. (1997), Hooker ed. (1992) amongst others.

Contemporary work detailing HIV-AIDS in Indonesia has chosen to situate the epidemic in terms of knowledge levels in 'high risk communities', transgender women⁴ and sex workers (Crisovan, 2006; Kroeger, 2000). Other research has provided descriptions of the knowledge levels of HIV preventative behaviour of adolescents (Zondervan, 1997) or covered the epidemic from a demographic perspective (Hull, 2005). Little is written on HIV-AIDS as a social epidemic in Indonesia. However, two studies, Bennett (2005) and Harding (2008), and some articles in Bessell, S. & Robinson, K. eds. (2002) mention HIV-AIDS and touch on issues of the interconnectedness of sexuality, gender and reproductive and public health concerns.

Many have argued the ever-encroaching HIV-AIDS pandemic in Indonesia is a matter for serious concern. Overseas-funded and government-supported preventative initiatives are consistently aimed at either 'high risk communities', sex workers, transgender people, gay men and drug users or situated geographically, with special attention to regions such as Irian Jaya and Nusa Tenggara located on the periphery of the archipelago, and distanced from the cultural conservatism of the privileged Javanese centre. HIV-AIDS legislation and

⁴ The Indonesian term most regarded and considered to be the least offensive is that of *waria*, an amalgam of "*wanita*", woman, and "*pria*" man. Most transgender women in Indonesia adhere to this term.

public health initiatives continue to under-acknowledge the transforming socio-sexual condition of modern Indonesians.

International research on HIV-AIDS has been plentiful and diverse. The disease has been the discursive concern of many sexuality and feminist theorists and those investigating the role of poverty and hegemonic power structures in the rubric of the epidemic. Farmer (1992, 1995) has descriptively portrayed HIV-AIDS against the backdrop of socio-economically disadvantaged and politically unstable Haiti; Jones compared aspects of HIV-AIDS with reactions to syphilis in the racist contexts of a Southern town in the United States ("*Bad Blood: Tuskegee Syphilis Experiment*", 1983).

Much is written about HIV-AIDS as a historicised phenomenon (Haver, 1996), as a political and heavily mythologised issue (Boffin et. al., 1990; Waldby, 1996) and in relation to sexuality constructs and sexual politics (Treichler, 1988 a&b; Singer, 1990; Weeks, 1990, 1993; Watney, 1987, 1993). The gendered nature of the epidemic has been addressed by Corea (1992), Goldstein & Manlowe (1997) and Patton (1985, 1990, 1994). Other writers such as Stoller et. al. (1995), Denenberg (1997), Doyal (1994), Alexander (1995) and Gorna (1996) have worked to set a feminist agenda for HIV-AIDS. An HIV-AIDS activist position was articulated by Kramer (1994), in a passionate and polemical critique of the response of the US government to the epidemic in 1980/1990s.

My dissertation draws on these studies, applying their findings to the changing socio-sexual landscape of young women from the student population in Yogyakarta, while also amplifying understanding of the key issues involved through my own field research as described below.

Field research and methodology

Figure 1: Map of Yogyakarta



Over a number of years living, working and learning in Yogyakarta I have developed a particular interest in what I understand as conspicuous contradictions between official and popular public discourse concerning HIV-AIDS and the constantly evolving socio-sexual realities of young Javanese women. I first came to Yogyakarta with an in-country study program for Australian students as an Australian Consortium for In-Country Indonesian Study student in 1998, undergoing one semester of immersion studies. In 2000 I returned to Yogyakarta as an honours student, conducting observation for my thesis on family planning.

It was through working as an English Foreign Language Instructor intermittently during 2000-2005 and through daily interaction with young women and men that I became increasingly unable to accept the assumption that Java was static and impervious to socio-sexual change. I encountered behaviours out of keeping with dominant ideology and supposed social norms. Working with HIV-AIDS education and related issues later provided the opportunity and impetus for further, more targeted investigation into these phenomena. My puzzlement about the inconsistencies of sexual attitudes and behaviours led to the decision to research this topic area for my PhD dissertation.

In August 2005 I conducted in-country quantitative field work in Yogyakarta. The quantitative research consisted of the distribution and subsequent analysis of 150 completed questionnaires. The questionnaires, covering HIV-AIDS knowledge and certain aspects of safe sexual behaviour and HIV-AIDS etiology, were given specifically to young women aged between 17-25 years old. I experienced no problems in finding candidates as the target group was relatively non-specific and easily accessible.

In 2006 I returned to Yogyakarta to conduct qualitative research. A qualitative study was essential in helping me gain better insight into the intricacies and complexity of socio-cultural meanings connected to HIV and particularly with regards to the taboo issues of sex and sexuality. Throughout this period I also conducted participant observation at the Indonesian Family Planning Federation (PKBI) where I observed several focus group discussions, (FGD), which addressed topics related to my thesis, for example youth sexuality and HIV-AIDS awareness in young people. During these FGD sessions I observed and took notes.

Figure 2: Researcher with activists



As there is a dearth of secondary information concerning this target population I also personally conducted a number of FGDs. I decided that FGDs would be more practicable and effective than one-to-one interviews. My choice was motivated partly by time constraints – as noted below my fieldwork period was greatly disrupted by the May 2006 earthquake, leaving little time to develop the social networks and personal relationships necessary for organising interviews. Another factor was the ongoing strength in Yogyakarta of communal values and practices, which make group discussion a very common and natural form of social interaction. I had to take into consideration that I might receive predominantly socially desirable answers, particularly with regards to sexuality. This possibility was however mitigated by my Indonesian language skills and the fact that I myself am a young woman.

The target population was more than willing to participate in an informal FGD setting, and through group discussion more issues arose as participants also responded to the comments

of others. To avoid matters of ethical concern, none of the questions referred directly to an individual's personal experience: only opinions and comments were sought. Nonetheless, as some of the questions of the proposed FGDs touched on some culturally sensitive issues, I was aware that I may come across certain participants who did not wish to directly address those questions or wanted to discontinue the discussion process. Consequently, anonymity was also guaranteed if requested. Several of the FGDs were taped and all tapes returned with me to Australia and were stored safely on campus. Others involved simple note taking.

On the 25 of May 2006, the exact date of my arrival to conduct qualitative research, Yogyakarta experienced a devastating earthquake that killed thousands and displaced many more. This impacted enormously on my ability to conduct in-country fieldwork.

Figure 3: Tertiary college campus near my residence damaged by the earthquake



Fortunately, at the beginning of 2007 I was able to return to Indonesia on an AUSAID-AVI-sponsored posting at my previous place of research, PKBI Yogyakarta. There I held the position of HIV-AIDS Researcher and Public Health Officer, working with preventative program development and research concerning sexuality and reproductive health. During

this time (March 2007-May 2008) my work included daily participant observation, creating HIV-AIDS related documentaries and publications, and conducting FGD with young female staff members.

Figure 4: The office where I conducted a residency as an HIV-AIDS Researcher. The front building provided counseling services and housed the media department. My office was in the back section, in the calmer refuge of the library and research division.



Preliminary questions

Combining the issues and themes outlined in the beginning of this chapter with my field research data, I have identified seven key research questions to be explored in the following chapters:

What are the issues involved with HIV-AIDS as a philosophical and socio-cultural construct?

How does the epidemic affect women and notions of gender?

How are women imagined in traditional Javanese ideology? How is this evolving? What models are found outside of this dominant discourse?

How has HIV-AIDS been apprehended on the whole by Javanese state, legal and charismatic authority?

How do young Javanese women understand the epidemic? How do these understandings reflect or suggest wider change involving sexuality and gender?

What do changing socio-sexual conditions mean for women?

As a result of this shifting socio-cultural circumstance do young women have access to enhanced self-sufficiency and knowledge, or feel perplexed and exposed? How does this impact upon their own risk assessment?

Description of chapters

Chapter 2, *Pandemic in Perspective: Gendering an Epidemic*, provides philosophical and theoretical background concerning the epidemic from a global perspective, while also touching on how it has been apprehended in Indonesia. Endeavouring to deconstruct HIV-AIDS knowledges opens up discourse involving issues of socio-sexual inclusion and exclusion, the power dynamics of the concepts clean and polluted and the interrelatedness of sex, sexuality and the fear of contagion. I will investigate the meaning behind HIV-AIDS as a gendered epidemic and review how women have been disadvantaged by such an understanding.

In Chapter 3, *The Javanese Gender Ideology: Ma-telu as Kodrat*, I will thoroughly examine Javanese gender ideologies and place these in the socio-historical context of nationalism and nation-building. The building of a national identity as reaction to a history of colonisation has resulted in the construction of gendered identities deemed appropriate to such a concept of 'nationalism'. In this chapter I will investigate how gender and femininity are constructed in Java particularly with regards to public health and government female-focused initiatives.

Chapter 4, Characterising Modern Javanese Sexual Identities, will explore further the notions of 'Javanese sexuality' and identify traditional examples of Javanese female sexual subjectivity and practice which contradict state sanctioned ideology. It will further seek to situate young Javanese women with regards to HIV-AIDS.

Under contemporary conditions, young Javanese females are exposed to issues and concerns relatively unknown to earlier generations of women. In Chapter 5, The Visual and Textual Sexual: Emerging Socio-sexual Identities, I posit that such changes in forms of social relations engender a transformation in socio-sexual morals and values. Young Javanese women are more involved in a diversifying arena of socio-sexual interaction that contradicts popular and formal gendered ideologies. Behaviours of this kind are inextricably linked with discourse concerning risk behaviours that may lead to HIV-AIDS. This chapter will address these concerns.

In Chapter 6, Fostering Vulnerabilities and Perpetuating Myth, I will critically investigate existing contemporary discourse surrounding HIV-AIDS in Indonesia, concentrating on the current preventative programs being promoted both nationally and in the research site, Yogyakarta. The discussion will illustrate how the nation-state attends to the issue of HIV-AIDS and how preventive initiatives serve to indirectly endanger young women and the society in general.

The manner in which the epidemic has been apprehended and understood reflects much about the agendas and concerns of the society on the whole. Chapter 7, *Virus Laknat*: HIV-AIDS in Indonesian Public Discourse, will examine understandings of HIV-AIDS in Indonesian public discourse and explore the cultural cognition of the epidemic in contemporary contexts.

Chapter 8, Framing HIV-AIDS: Decoding Public Health Messages, provides a detailed analysis of existing media concerning HIV-AIDS and prevention measures, from both official and non-official sources. It deconstructs the messages behind such media, with a particular focus on gender and sexuality issues.

Chapter 9, HIV-AIDS Knowledge Level and Cognition, provides an opportunity for young women to articulate how their understandings of the HIV-AIDS epidemic in Indonesia and their own risk perception in the context of contemporary Yogyakarta. This chapter highlights findings from my quantitative research concerning HIV-AIDS knowledge levels, behavioural attitudes towards condom use, HIV modes of transmission and opinions regarding sex education, supported by elements from my qualitative research.

Chapter 10, “*Bibir*” -*bisik-bisik Remaja*, will cover issues concerning relationships, sex and risk perception. The findings of my research indicate that dialogue concerning the epidemic encourages people to “name the unnameable, speak the unspeakable” (Bujra, 2000: 67). I believe that open discussions of HIV-AIDS serve to facilitate more diversified debates about sex and sexuality in general, albeit perhaps mostly in a ‘preventative’ ‘educational’ context.

The Conclusion, HIV-AIDS and the Transformation of Sexuality in Yogyakarta: Discussion and Reflections, will discursively analyse the major concerns of my research and reflect upon the central postulations, drawing together major themes. It also provides suggestions for further research on issues of gender and sexuality and HIV-AIDS in contemporary Indonesian contexts.

CHAPTER 2

PANDEMIC IN PERSPECTIVE: GENDERING AN EPIDEMIC

HIV-AIDS is arguably one of the most controversial, intriguing and complex biomedical and socio-economic phenomenon of the last hundred years.

HIV-AIDS has four cardinal features which have made it a formidable disease. Primarily, it is infectious. Secondly, after infection it follows a protracted course to disease and illness that untreated may lead to morbidity. Thirdly, all infected persons remain infectious and able to transmit the virus to varying extents throughout their lifetimes. Finally, the number of infected persons is progressively and persistently expanding as the epidemic spreads to every corner of the world. Infected individuals not only have to face the frightful specter of severe and certain illness, they will often endure the consequential degradation and discrimination that is consistently attendant to AIDS sufferers and HIV positive people (Schoub, 1994:1).

HIV-AIDS has particularly affected socio-cultural groups that have been historically ostracised, victimised or marginalised by the 'moral majority': homosexual men, intravenous drug users and prostitutes. It is also reportedly concentrated in places that in the past have been conceptualised as reservoirs of disease and illness, such as Africa and Haiti (Chirimuuta et. al., 1989; Farmer, 1992). Compounding the negative social response generated by this illness has been the eagerness of the media to almost unanimously sensationalise the epidemic, in the process often distorting fundamental truths about HIV-AIDS, exacerbating deep-seated racial and sexuality based fears.

Furthermore, belated governmental reactions and the inconsistency of supposed preventative legislation suggests that the suffering of infected individuals has been considered secondary to that of other more socially acceptable health issues, such as cancer. Multitudes of discursive opposites: good sex-bad sex, prostitute-paragon, us-them have formed the foundations of HIV-AIDS discourse and how HIV-AIDS as a health condition

has been constructed, mythologised, comprehended and misunderstood. The epidemic has moreover been referred to as the most potent metaphor of the agendas and/or preoccupations of late capitalist society (Mc Grath, 1990: 144).

An examination of HIV-AIDS as an imagined construct and as a catalyst for change requires a re-examination of the social history of the epidemic and how understandings of it were formed. By reviewing how HIV-AIDS has been conceived and articulated we can see how many of these constructions have impacted upon and informed constructions of HIV-AIDS in contemporary Java. Although Java maintains a unique and culturally specific set of socio-sexual landscapes, universal understandings and the etiology of HIV-AIDS have affected the way it has been apprehended by the public and implicated authorities and other power brokers in Indonesia.

This chapter will attempt to deconstruct HIV-AIDS discourses and analyse the central issues that inform predominant notions concerning the epidemic. I will discuss the etiological roots of HIV-AIDS and investigate HIV-AIDS from a chronological/historical perspective, assessing issues concerning discrimination, disease mythopoeism, language and nomenclature, notions of contagion and risk, and false etiology/epidemiology. It will examine the fundamental socio-cultural, political and philosophical characteristics of HIV-AIDS 'knowledges' and investigate how the epidemic is gendered.

Risk, danger and boundary making

HIV-AIDS, like other 'social illnesses', is often understood as a metaphor and not only as an individual experience or a singular health concern. It is regularly articulated through the broader notions of order and chaos, or 'clean' and 'dirty'. The understanding that anyone a little different or unusual may harbour disease stems from the belief that it is possible for one to be symbolically unclean or metaphorically polluted. Consequently, in order to distance ourselves from contagion and the contagious, society consistently constructs "boundaries between ourselves and those categories of individuals whom we believe (or hope) to be more at risk than ourselves" (Gilman, 1988: 4). Additionally, the construction

of risk categories based on notions of inclusion and exclusion constitute “the dialogue on how best to organise...some things in and other things out” which works to facilitate risk aversion (Wildavsky et. al., 1982: 8). Socio-medical formulations of risk and risk group resonate throughout most literature concerned with HIV-AIDS.

Douglas postulated that identifying such individuals and exposing the community (risk groups) they may identify with regularly results in the allocation of blame and societal division. She comments that the production of such ‘risk groups’, furnishes the body politic with a means with which to protect the boundaries of the inclusive imagined community. She goes further to explain that:

blaming is a way of manning the gates through which all information has to pass...and at the same time arming the guard against contagious intrusion (Douglas, 1992: 11).

HIV-AIDS has often been described as punishment for “transgression of the sexual code or the rules of respectable living” (Weeks, 1990: 136). As it is understood to be a sexually transmitted disease and consistently linked to particular sexualities, discourses regarding HIV-AIDS pathology work with certain concepts of an ideal sexual ordering, both of particular bodies and of social relations.

As it has spread, the epidemic has become more than just an epidemiological catastrophe. It has been apprehended with a large degree of “moral astigmatism” and regularly imagined as “punishment meted out against those who violated the moral order, or actively committed a malfeasance” (Jones, 1983: 1). Consequently, the HIV-AIDS epidemic has inspired and justified often extreme interventionist policies on the social organisation of both gender and sexuality. In other words, it has encouraged “the policing of desire”, and this has resulted, in many circumstances, in the control of female sexuality (Watney, 1987: 43).

The mythopoesis of HIV-AIDS

The terror resulting from an infectious disease epidemic has, since antiquity, had a profound effect on mass consciousness and community behaviour. The fear associated with forms of contagion such as HIV-AIDS, has brought out all that is arguably debased and abhorrent in humankind and reminds one of the horrific potential of group hysteria. Even as late as the twentieth century, the instance of the poliomyelitis epidemic in the 1930s resulted in the stampeding and murder of young children who were suspected of infection (Schoub, 1994: 199).

As blame is central to a society's reaction to contagious disease, the imagined vessels of such infection are time and again sought out, isolated and managed. More often than not, the source of infection is perceived to be that 'other' to the common community, in other words (as is the case with HIV-AIDS) as if the illness in some ways goes against an ideal socio-sexual ordering.

Syphilis was the first sexually transmitted disease to be found world wide, yet it was known as the Italian disease to the French, the French Pox to the English, the Spanish sickness to the Italians and as a Haitian disease to the Spanish. If you were Russian it was thought of as a Polish illness; in Japan, of Chinese origin (Wilton, 1992: 21). Mythology surrounding the etiology of this particular infection reflected a kind of international chain of blame, the poorer and morally questionable, 'the Other', inevitably held accountable. This form of 'blame chain' undeniably aligns with the manner in which the origins of HIV-AIDS has been consistently revised and problematised in contemporary times, but perhaps more importantly, why the etiology of such an infection continues to be central to HIV-AIDS discourse and a major preoccupation of certain involved parties and their constituents.

AIDS as an acronym itself has been culturally apprehended in a myriad of ways, each reflecting different aspects of the epidemic and the concerns of the involved society. In the Western world it has been termed "WOGS: Wrath of God Syndrome", and also as a pun on words: "Toxic Cock Syndrome", reflecting the Western preoccupation with HIV-AIDS as

punishment for transgression and emphasising homosexual transmission (Black, 1985: 28-29).

In Tanzania, for instance, HIV-AIDS has been imagined and understood according to its own cultural specificity. Africans often identify HIV-AIDS with severe weight loss and the resultant economic hardship that comes with subsequent illness and death. AIDS goes by the appellation “*skanya*”, the maize weevil, conjuring up the image of the individual being eroded from the inside out by a silent, innocuous, but persistent pest. The acronym is also quipped to stand for “Acquired Income Deficiency Syndrome”. As the epidemic predominately affects the male family members in Tanzania, it is also often known as “Acquired Spousal Deficiency Syndrome” (Setel, 1999: 145, 78).

In the late 1970s along the borders of Zaire, Rwanda and Burundi HIV-AIDS had very different mythpoeic roots that rose from the trading of illegal goods, most popularly with the sale of bright and colorful shirts emblazoned with the emblem ‘Juliana’. As the number of individuals dying of mysterious illness was reportedly connected with the contraband sale of such items, the illness came to be known as ‘Juliana’. Later, these communities renamed the expanding illness ‘Slim’ and this came to serve as the community’s visual criterion for determining who could be HIV positive. This mythopoeia is prevalent until now as it is reported that individuals in those communities would be more likely to have casual sex with strangers who were plump (GAPC, 1992: 333).

The sexualised aspect of the epidemic is also fundamental to the manner in which Tanzania imagines HIV-AIDS. The French acronym for AIDS is SIDA, and is often jokingly replaced with the paronomasia “*Syndrome Imaginaire pour Decourager les Amoureux*”, an Imaginary Syndrome to Discourage Lovers. In Swahili it is also known as “*Acha Inuie Dogedego Siachi*” by many young men, translating roughly as “let it kill me because I will never abandon the young ladies” (Gould, 1993: 78). In Bahasa Indonesia, reflecting particular understandings of the virus and its continual connection with commercial sex work, it has been known to mean “*Aku Ingin Duitmu Sayang*”, “I want your money,

honey’’, alluding to the common belief that sex workers will knowingly compromise the sexual safety of their clientele for purely financial gains (researcher’s observations).

Etiology and epidemiology

HIV-AIDS is a unique type of infectious disease. AIDS is the acronym for acquired immunodeficiency syndrome and is the resultant end stage illness of infection by the human immunodeficiency virus, HIV. Although the virus is a truly effective form of pathogen, it is in fact poorly transmissible and relatively labile (Schoub, 1994: 45). The virus infects the two most vital bodily systems, the central nervous and the immune system and attacks the very mechanism that serves to defend the body from bacterial, viral and parasitic invaders. It specifically assaults the T4 Lymphocyte helper cells that are the most important white blood cells in the immune response system.

Most AIDS patients will suffer from a collection of opportunistic infections, that when found alone in a relatively healthy patient are easily manageable. Illnesses resulting from infection are often determinable by the patient’s mode of infection. Intravenous drug users seem more susceptible to pulmonary infections, abscesses, endocarditis or to the ‘junky pneumonia’ PCP. Poorer HIV positive individuals are more vulnerable to bacterial pneumonia and homosexuals to the skin cancer Kaposi’s Sarcoma. In Sub-Saharan Africa, People Living With HIV-AIDS (PLWHA) are generally more susceptible to *Cryptococcus* and PLWHA in the Western world to *pneumocystis* (Corea, 1992: 211, Barfod, 2002: 61). Those that do not exhibit the usual symptoms are referred to as having ARC (AIDS Related Complex) and usually suffer from dementia, severe emaciation and hematological anemia (Roth, 1989: 12).

HIV is transmissible by blood through a variety of modes. Unprotected sex (particularly rectal intercourse) is considered the most consistent high-risk activity likely to promote HIV transmission along with communal intravenous drug use. Vertical transmission, from mother-to-child, can occur while the fetus is still in the womb or during the delivery process, but if precautions are taken such infections are rare (15-30% possibility). As the

virus is transmitted through blood products cases of infection through tattoo or piercing processes as well as freak instances such as transmission through fist fights or through bus accidents have also been reported (Rowe, 2003; Schoub, 1994: 119, 121). In Indonesia the most common medium of transmission is unprotected sex amongst youth, sex work and through intravenous drug use. These modes are often found together.

Epidemics do not happen by chance. They represent a series of complicated processes that occur as biological forces operating in social systems and cultural environments (Darrow et al, 1986: 95). With this in mind it is no wonder then that epidemiology, although defined simply as “the study of the distribution and determinants of disease in human populations”, holds very political and social dimensions (Flam et al, 1986: 62).

Though based on scientific fundamentals, epidemiology is hardly a neutral, value-free activity, and statistics, which form the basis of epidemiological investigations, serve to invoke certain understandings in the reader and reflect the sometimes latent assumptions/concerns of the statistician (Gorna, 1996: 74). The motivations of the epidemiologist are not always pure and it has been argued that in many ways the statistics used in epidemiology are perhaps “discursive practices used variously to promote homophobia or xenophobia in the name of social hygiene” (Bloor, 1995: 10).

No HIV-AIDS researcher or activist can totally avoid political issues. HIV-AIDS data collected and analysed in Indonesia consistently focuses on and centres around ‘high risk groups’, sex workers, homosexuals and drug users. Research and statistical data that concentrates on such groups neglecting to put forward statistical comparison with ‘low risk populations’, will naturally indicate high rates of sero-positivity and will once again perpetuate the misunderstanding that HIV-AIDS is someone else’s problem, a health phenomenon socio-culturally removed from the legitimate and protected social majority.

Epidemiological data collected about HIV-AIDS, its epidemic proportions, and the minority status of the peoples most frequently associated with the disease, are all inevitably politically significant. Not only must the social epidemiologist concentrating on HIV-AIDS

be qualified to conduct epidemiological research, their credentials must also extend to that of:

a public relations whiz, an ethicist, a clinician, a rigorous scientist, someone sensitive to and aware of gay issues, a possessor of substantial practical knowledge of psychoneuroimmunology, political science, diplomacy, medical anthropology, and administration, and a person imbued with an almost uncanny systems-level savvy (Zich et al, 1986: 56).

The data collection of epidemiological information itself poses many problems. Not only is the data collected consistently incomplete (which in turn translates into a misleading statistical representation) sampling problems often occur when eligible people are statistically rare. Response bias can also result from the variation in a subject's ability to understand and correctly answer questions (Deheneffe et. al., 1995, Bauman et. al., 1986: 18).

Treichler has postulated that in order to make sense of epidemiological statistics and what denotes a 'statistical identity', it is important to think about the 'how' and 'why' of statistical investigations and what purpose such statistics serve. She argues that in order to provide a numerical indication of the spread of infection and a map of the nature of the problem, data is derived from the division of information into two particular classifications, 'risk group', who gets sick, and 'mode of exposure', how they get sick. More specifically, in the "parlance" of AIDS discourse, these categories signify 'who you are' and 'what you do' (1999: 242).

Epidemiology maintains a strong social dimension in that it incorporates socio-cultural cognitive processes and behavioural patterns into its explanations of the nature of a disease. In the specific case of the AIDS epidemic, epidemiologists have consistently defined HIV infection "as a biological process occurring within a determinate social matrix" and have aimed to detail the elements of the 'social matrix' of the region of focus (Oppenheimer, 1988: 267).

From the first instance of HIV-AIDS the main preoccupation of involved bodies and individuals has been to locate the origin of the virus and to discover its etiological foundations. The fact that the virus appeared to be 'new' caused great anxiety in the Western world, which had for several decades believed that all known viral epidemics were already controlled by modern medicine. It is not surprising that the source of the virus was to be located in Africa, and that the disease was understood to be anything but new and in fact primordial, only made evident by interaction with 'isolated communities' (Patton, 1990: 69).

The 'discovery' of the etiological roots of AIDS in Africa and the construction of AIDS as a primordial illness served to resurrect antiquated notions of the biomedical difference between the continent and the Western world and their constituents (De Souza, 1990). Through my resource analysis it is evident that this understanding is also undeniably resonated in literature concerned with the epidemic, most significantly to be found in official rhetoric, in Indonesian contexts, in the sense that HIV-AIDS is a condition brought to the nation-state by foreign interests.

What is relatively uncontestable is that HIV-AIDS was first recognised in the US and later in Africa. The first laboratory demonstration with the detection of HIV antibodies came from an archived serum specimen taken in Zaire in 1959 and the first isolation of the virus was in Central Africa in 1976, with instance of the death of a Danish female surgeon who was working in Zaire at that time. Even further back, the earliest observed AIDS-like illness in the US was reported to have occurred in 1968 in a 15 year-old sexually active boy (Schoub, 1994:16). One individual, "the Quebecois version of Typhoid Mary", was isolated and observed to be suffering from "the gay cancer". This reportedly promiscuous airline steward, Gaetan Dugas, who was also known as Patient Zero, was reputedly solely responsible for the fatal transmission of the infection to thousands 'unsuspecting' victims (Shilts, 1987: 93). The shocking public treatment of Dugas supported the underlying notion that some kinds of sex were 'bad sex'.

Many have argued that it is not surprising that the source and transmission of AIDS is attributed to black people, Haitians and Africans in particular. The questionable evidence supporting the hypothesis that Africans were genetically predisposed to AIDS was consistently sourced from only “unpublished data, collected from unknown African locations, in unknown Africans” (Dada, 1990: 89). In the US, the communities then deemed to be the most frequently infected and contagious, ‘high risk groups’ came to be widely known as the 4H Club – consisting of Haitians, homosexuals, heroin addicts and hookers (Treichler, 1999: 53).

In 1987, when a foreigner died on the tourist island of Bali, allegedly the first HIV-AIDS case in Indonesia, implicated public health organisations and individuals feared that it signified the advent of an HIV-AIDS pandemic. The fact that the first individual to be diagnosed with HIV-AIDS was a foreigner and homosexual was to have a significant impact on the way that the public and the government responded to and conceptualised the emerging epidemic (IRRMA, 2004). In the late 1980s, as the majority of cases first detected were believed to be sexually transmitted, those aware of the conservative societal mores concerning sexuality, political bodies and concerned individuals, could already predict the certain difficulties that would arise when attempting to disseminate information to the public.

In keeping with the way tuberculosis was once associated, HIV-AIDS is a disease that has been constructed through “a social imaginary of punishment and stigmatisation”, wherein those infected by the virus and suffer its subsequent illnesses are somehow deserving of punishment as the consequences of their actions or practices (Singer, 1990: 106). Just as illnesses wherein the sufferer can be held accountable for their infection are usually condemned, in HIV-AIDS discourse the victim too can be consequently deprived of their ‘illness’ status only to be replaced with that of the deviant (Albert, 1986: 165).

Nomenclature and AIDSpeak

Many Indonesians have referred to HIV as '*virus laknat*', a viral curse, sent by God to castigate those carrying out socio-sexual transgressions. As with syphilis and the imagery associated with those infected,⁵ HIV-AIDS too conjures up its own myriad of iconography (Wilton, 1992: 21). Billboards replete with images of the dancing, gay, and presumably morally lax young male, of listless, smoking sex workers or of the wasted, dying Papuan juxtaposed with so-called health promotion initiatives concerned with HIV prevention are to be found all over Java. These again perpetuate the notion that the general population is socio-culturally distanced from HIV-AIDS, and by avoiding those risk communities one is immune to infection.

Internationally, the most frequent image is that of the AIDS sufferer, the sickly, malnourished African or that of the source of infection, the overtly sexualised gay man or drug abuser, and consistently, the contagious vessel of infection: the sex worker. Depicting an infected individual through a solitary and pathetic image — wasted, remorseful, helpless, alone — perhaps seeks to provoke the observer into believing that sexual freedoms and a lifestyle dictated by social transgressions will inevitably lead to sickness and death (Goldberg, 1994, Marshall, 1990: 21). The construction of the image of the AIDS patient aligns with traditional iconography of depression and melancholia and serves as a visual demarcation between ourselves: the healthy and decently upright and the disorder represented in the diseased and “the morally bankrupt” (Gilman, 1988: 259).

With regards to HIV-AIDS, the concept of ‘risk group’ is theoretically a purely epidemiological one. Its function is

“to isolate identifiable characteristics that are predictive of where a disease or condition is likely to appear so as to contain and prevent it” (Grover, 1988: 27).

⁵ ‘Dame Syphilis’ was a common image found in newspapers and etchings at the time of epidemic. Lustful and deviant, she was seen to encapsulate the diseased whore — alluring yet lethal.

A very common approach when identifying risk communities has been to detail the prevalence of HIV-AIDS in a particular sub-population, defined by sexual preference (men who have sex with men), by profession (commercial sex workers), high risk activities (intravenous drug users), pre-existing health issues (hemophiliacs), or sections of the society involved in public health activities (blood donors, pregnant women) (GAPC, 1992: 14). Other high-risk groups specifically include members of the military, long-distance truck drivers, travelers deemed hazardous for their mutable and highly mobile lifestyles. More recently, the most potentially significant high-risk group consists of adolescents or young adults, who (reportedly) frequently change partners and engage in unprotected sex (GAPC, 1992: 175).

Many have disagreed with epidemiology's conceptual reliance on using categories of people to explain infectious processes, which appear to focus more on who is risky rather than on what is risky (Clatts, 1995: 245). Delineating socio-cultural categories of people where HIV-AIDS prevalence is high, serves to further stigmatise such groups and perpetuate universal understandings based on:

shared judgements of what it takes to be a good person, a complete person, the difference between an immature or an adult person, and so on and the establishment of moral barricades between Us and Them (Ney et. al., 1998: 13).

The implicit association between 'positivity' and 'risk' (danger) with 'negativity' and 'wholesomeness' (safety) serves further to reinforce the patterns of discrimination that already exist in AIDS risk logic. As Sabatier has suggested, "blaming others may itself be a contagious psychological process, leading on to stigmatisation, scapegoating and persecution" (Sabatier, 1988:2). The use of conceptual dichotomies as the basis of all HIV-AIDS parlance has not only served to further stigmatise already marginalised social groups, it has led many to assume that they were resistant to infection as they do not belong to such groups (Balgos, 2001: 5).

In public discourse in Java, early official response was characterised by denial, a tyranny of silence rather, with the government choosing to scapegoat foreigners and homosexuals,

accusing them of being the primary cause for the spread of the epidemic. Indonesians were warned against interaction with Western tourists and homosexuals, implying that the Indonesian community was somehow internally protected from infection. Thus, the fear spawned by HIV-AIDS was directed primarily to the distant stranger, this being much in line with the postulations of Douglas, wherein:

it seems that if a person has no place in the social system and is therefore a marginal being, all precaution of danger must come from others (2002: 98).

This in turn led to the common understanding that the enforcement of strict socio-cultural and religious mores that prohibit sexual promiscuity would help protect Indonesia from infection (Kroeger, 2000: 62).

The promotion of 'values', sometimes purported to be either Indonesian, Islamic or generally "Asian", were and still are promoted as integral in the fight against the spread of HIV-AIDS. The most emphasised factor was that these values were imagined to differ radically from Western values concerning sexuality. The underlying implication was that Indonesia was more in danger of HIV-AIDS through being overwhelmed by external influence rather than from any internal situation that might result in high instances of HIV infection. The proposition that Indonesia upholds and perpetuates so-called traditional cultural values, thereby metaphorically "manning the gates", would effectively influence and resonate through all preventative campaigns until this day (Douglas, 1992: 11).

HIV-AIDS vernacular — the linguistic constructs used to talk about HIV-AIDS — and AIDSpeak the language articulates their meaning, are never simply "facts" or "truths", understanding dependent on how it is culturally apprehended. They consistently take on particular meanings at particular times and in particular contexts (Leap, 1995: 227). AIDSpeak was "the language of good intentions in the AIDS epidemic"; nevertheless, the foundations of AIDSpeak came not so much from a desire to articulate the truth but with the intention creating a language that was purportedly apolitical, emotionally removed and psychologically reassuring.

AIDSpeak consists of facile and common examples such as the linguistic sanitation of semen to 'bodily fluids' and right up to the peculiar form of risk category: "men who have sex with men who are not gay", which is indeed a ridiculous classification, except perhaps for epidemiologists and policy makers (Shilts, 1987: 315, Gatter, 1995: 168)

HIV-AIDS is the first epidemic to take already stigmatised classes and make them victims. Too consistently has the issue of HIV-AIDS and those individuals and communities perceived to be vessels of such infection been bantered around in order to reform and/or perpetuate a narrow sense of sanctioned social self.

Constructed in newspapers and television adverts and represented in public hoardings as an ideological 'disease', the real complex tragedy of HIV-AIDS has in many situations been exploited in order to endorse a sanitised and one dimensional social face, as well as promote an ideologically powerful, cruelly narrow and "punitive fantasy of family life" (Goldstein, 1989: 84). HIV-AIDS discourse has (whether inadvertently or not) resurrected the politicised notion that the clean and proper body of an individual, is in actuality a reflection of a clean and pure social body.

The etiology of HIV-AIDS has been more than just an intensive epidemiological investigation into the origins the epidemic. It is evident that perhaps the locating of the illness reflected a deeper agenda — to reinstate antique icons of otherness and reassert their lowered station in the larger body politic. To position the source of HIV-AIDS with "the junkies and the niggers and the spics and the whores" perpetuates the notion that they are contagious and sick because, by the very virtue of their marginalisation, they deserve to be so (Kramer, 1994: 173). HIV-AIDS has blurred the line which delineates the public from the private, and the individual from the community, and (perhaps most significantly) raised difficult questions about the relationship between private behaviour and public policy in the most anxiety creating and contentious arena of all, that of sexual behaviour (Weeks, 1993: 23).

Discourse concerned with HIV-AIDS has markedly articulated deep-seated sexual fears (Watney, 1990: 183). HIV-AIDS is predominately (and universally) comprehended as a sexually transmitted infection, and “associated with particular sexualities”. The understanding that the rate infection is also believed to be predominant in particular individuals is evidence of their sexual transgression and their disassociation from the dominant concept of sexual ordering and of ideal social relations (Waldby, 1996: 40). Although diseases do not biomedically have a sexual preference or sexual specificity, HIV-AIDS has perhaps been rendered as the only disease “capable of having a sexual identity” (Wilton, 1992: 37).

HIV-AIDS thus needs to be understood in the context of the societal norms that define human sexuality and the attendant issues of gender and gender relations. Culturally specific gendered social forces such as poverty and imposed gender inequalities also serve to render certain categories of people vulnerable to disease (Balgos, 2001: 2). As all aspects of the HIV-AIDS epidemic have a deep impact upon women it is important to deconstruct the fundamental principles that have served to inform this.

The following section will investigate how the epidemic has particular implications for women, young women in developing nations in particular, and how implicated parties have reacted to (or neglected to sufficiently address) the gendering and feminisation of the epidemic in modern times.

Gendering an epidemic

The understanding that women’s role in the domestic and public sphere are constrained by male-dominated hegemonies remains largely unchallenged in the majority of developing nations. The impact of these constructions upon the lives of women is heightened in relation to HIV-AIDS. This phenomenon, and the burden it places upon women, is often referred to as the condition of “Triple Jeopardy”. The term identifies three social realities that women in many parts of the world face: the responsibilities of being the primary family

caretaker/socialiser, an ideology of female socio-economic inferiority and a history of neglect by public health services (Panos Institute, 1990).

Unfortunately, proper understandings of such integrated relationships and an in depth comprehension of women's experience have been to a large degree absent from HIV-AIDS health initiatives in the past. Failure to empower women with the knowledge of how to protect themselves from infection and the means to do so has brought about a dramatic increase in the rate of female sero-positivity and further endangered women who already exist in uncertain predicaments.

Significant indicators of this are HIV-AIDS preventative programs that appear based more on masculine presumptions rather than female realities. The conditions of women in developing countries in particular are often viewed as static and trans-historical, and programs concerned with HIV-AIDS are arguably ignorant of the changing socio-sexual circumstance of many women, such as improved employment opportunities and the influence of altering forces such as modernisation.

Nevertheless, the way in which women have been affected by and how they themselves have responded to the epidemic varies according to the capacity they have with which to assert self-determination. In some developing nations the instance of HIV-AIDS has seen previously disempowered female communities, such as commercial sex workers, demonstrate admirable mobility and organisation. Condom dispersal and the production of locally specific and circumstance appropriate preventative media have been organised and consistently led by sex workers. This has brought about a considerable decrease in the number of cases of client related sero-positivity, which has in turn protected the partners of such clients.

In other developing nations, mothers and wives have established gender specific support networks and become vocal activists, lobbying political bodies and donors for greater advocacy. In some nations the appearance of HIV-AIDS has also seen a rise in the establishment of gender specific and pertinent sex education for young women in programs

often led by the target population themselves. This has informed women, young women in particular, of their reproductive and sexual health rights and taught them body awareness, in some ways facilitating greater opportunity for the discussion of sex and sexuality and fostering a degree of socio-sexual change.

Medical constructions of women

Consistently, women have been disenfranchised and overlooked by male-dominated medical and social systems, and it is this omission that has put them at particular risk with the instance of HIV-AIDS epidemic. The existence of the HIV-AIDS epidemic has threatened to perpetuate a well-documented history of neglect for the health needs of women around the world, and see the production of (once again) 'man-made' health initiatives and governance. Throughout history, medical inquest and health science has relied heavily on notions of gender polarity and notions of illness as weakness. This is most profoundly illustrated in the locating of the female as the imagined 'pool of contagion', particularly with regards to sexually transmitted illnesses (for in-depth discussions of this understanding, see Jordanova, 1989).

Notions of female weakness, contagion and of their physical limitations have been central to the way that many medical systems have constructed health initiatives. This reality has created particular tension with regards to sexually transmitted infections in patriarchal nations (Corea, 1992: 4). It could be contested that to some degree medical professionals have aligned with archaic religious understandings that associate women, female sexuality in particular, with contamination and illness (Wilton, 1992: 54). These constructions are consistently and strongly echoed in large amounts of HIV-AIDS discourse addressing women.

Despite the increasing number of women affected daily by HIV-AIDS there appears to be a dearth of data on progression of HIV infection in women (The Law Center, 1992). In the early instances of the epidemic in Indonesia, the most in depth studies concerned 'men who have sex with men' or, when they chose to represent women, commercial sex workers. In

1984, in the international sphere, in one of the first medical manuals that concentrated specifically on HIV-AIDS women were represented in a single chapter — dedicated purely to commercial sex workers and children. Notably, within these medical journals, in opposition to the manner in which women were referenced, men were not described as the ‘sexual partners of women’ but seen as active sexual individuals and not as adjuncts (GAPC, 1992: 257).

In the case of illnesses and conditions wherein both men and women are equally susceptible, researchers have regularly favored male study subjects, presuming, with little research substantiation to the contrary, that “the male experience could be neatly extrapolated to women’s experiences”. The grossly misguided, but nevertheless age-old, conception that (excluding gender specific illnesses such as cervical or prostate cancer) disease will be inclined to manifest itself in the same way in the two sexes, resulted in a failure to duplicate HIV-AIDS research in both men and women (GAPC, 1992: 257). Furthermore, the failure to recognise social roles of women as participants in the workplace, as an integral part of the family unit and as a constituent of the larger body politic, has been fundamental to the manner in which they have been responded to by health services (Hunter, 1995: 38).

Vectors and vessels

HIV-AIDS has been rendered as “a moral epidemiology of infective manhood against a background of vulnerable, pliant womanhood” and consequently, issues of women’s sexuality are central to all HIV-AIDS discourse (Setel, 1999: 73). Female sexuality has been conceptually polarised as either totally absent, undetectable or “over-brimming with lust”. As with historically significant sexually transmitted diseases such as syphilis and gonorrhea, within HIV-AIDS rhetoric women have been imagined as veritable reservoirs of infection — or more severely, as “static pools of festering fluid that may be foisted on an unsuspecting public” (Gorna, 1996: 58, 74).

With the first instances of the epidemic, the HIV positive woman was represented as consistently desexualised, as opposed to the iconography of the promiscuous gay man. It was assumed that she had become unsuspectingly infected by her bisexual partner/husband who had unprotected sex whilst elsewhere. Mothers with HIV positive infants acquired a peculiar duality. In the circumstance where they acquired the virus as unknowing and innocent bystanders they were viewed as examples of passive victims or “invisible transmitters”. On the other hand, if it could be alleged that they had actively fallen or stayed pregnant knowing they were HIV positive, instantly they acquired quite sinister agency, the role of victim swiftly replaced with that of culpable criminal (Treichler, 1999: 65). The other consistent image is that of the commercial sex worker, the “rampant irresponsible whore”, knowingly transmitting disease (Gorna, 1996: 48). This image resonates strongly in Indonesian HIV-AIDS public perception.

The promotion of recent preventative programs in Java brings these two concerns to light. A large majority of NGOs working with HIV prevention and education in the past year have focused their funding capacity (obtained predominately from foreign donors) largely on PMTCT (Prevention of Mother to Child Transmission) projects, or alternatively, interventionist campaigns targeted at sex workers. The PMTCT program has been significantly supported by local governments and religious bodies, more profoundly so than the introduction of preventative educative programs focusing on universities and/or developed for female youth. Interventionist programs targeting female sex work perpetuate the notion that sex work equates with HIV transmission. Few initiatives promoting safe sex behaviour change intended for the potential partners of sex workers have been established in Java.⁶

In the parlance of HIV-AIDS discourse women’s sexuality is apprehended in such an oppositional manner that she is imagined as either without expressive sexual desires

⁶ This is based on my experiences working with preventative programs in Yogyakarta. In Bali there have been a variety of programs assisting other ‘high risk’ populations such as taxi drivers and tourist guides but nothing of the sort in Yogyakarta.

(paragon) or she is charged with lust and sex, the sex worker (prostitute) the embodiment of the latter. Sex workers are viewed as either “dangerous, bad or both” and as a group necessary for certain functions in society but one that must be kept separate from the greater body politic (Jenness, et. al., 1995: 78, Alexander, 1995: 99). The historical association of sex work with disease and contagion and “moral unworthiness” is echoed throughout HIV-AIDS parlance.

The body of the female sex worker and what she has always symbolised is significant to understanding the gendering/feminisation of HIV-AIDS. Throughout known time, prostitutes, a consistently reviled category of women, have been blamed for “breaches of national security, the fall of principalities and mighty men, the desecration of hearth and home” and these litanies of condemnation appear again as a consequence of the HIV-AIDS epidemic. Sex workers have been constructed as “embodiments of infectiousness, less for their actual risks and rates of infection than for their symbolic and historical status” (Grover, 1988: 25, 27).

The sex worker has often been viewed by other women as a threat to marital harmony and the stability of the familial home. The sex worker (whore) is positioned *vis-a-vis* the chaste wife (paragon) (Alexander, 1995: 99). In early HIV-AIDS constructions (which continue to some extent to contemporary times) sex workers were conceptualised to be a “vector”, taking HIV-AIDS out from the seedy underworld and spreading it to the bystander heterosexual man, who then passed it to their families and their wives, the “vessel” of procreation. This in turn promoted the popular notion that sex workers must be “spreading” AIDS to the general populace (Patton, 1990: 39, 92, Treichler, 1988b).

The reality that a sex worker has most likely become infected from an HIV positive client is a well-discussed point within sex worker communities. During the National HIV-AIDS conference held in Surabaya (February 2007) I conducted informal discussions with a number of sex workers who had been long carrying out HIV-AIDS prevention programs in their localised sex industry area, infamously referred to as ‘Dollywood’. They worked in conjunction with their ‘*mucikari*,⁷ pimp, promoting and providing free condoms and sexual

⁷ Roughly translated as ‘pimp’, albeit slightly more polite.

and reproductive health assistance for women working in Dollywood. At the organisation I was posted, sex workers acted as peer educators and public health consultants for fellow workers. Yet these efforts are rarely celebrated or publicised. Despite their long history of activism and proactive attitude towards the prevention of STIs, prostitutes continue to be constructed as irresponsible and malignant (Richardson, 1988: 44-46).

A report in the national English language newspaper, *Jakarta Post* (5/1/2004) alleged that 13 out of 300 sex workers soliciting in Yogyakarta's red light districts, Pasar Kembang amongst others, were HIV positive.⁸ Regrettably but not surprisingly, this exaggerated article turned the public gaze negatively towards the sex worker community, preventing any acknowledgement of the constructive activities they carried out. Their efforts in the fight against HIV-AIDS, and projects encouraging positive behaviour change, advocacy and STI prevention, along with the active role of *mucikari* in advocating for the legal rights of sex workers, again went unrecognised.

Understanding women's lives

The complex and intricate details of the relationship networks that women often find themselves in has formed the basis of much gender discourse and is central to understanding the impact of the AIDS epidemic on the daily lives of women around the world. As a pertinent conceptual tool in understanding the relationships that shape women's lives, Reid has put forward the notion of "epistemic responsibility", and suggests that the use of knowledge of this kind would provide better understanding of women's lives which would in turn translate into more appropriate research programs and preventative initiatives. Reid explains epistemic responsibility as:

an openness to the acquisition of knowledge and a certain kind of orientation to the world and to one's knowledge-seeking self within it.

⁸ The results of this article were rebuked by advocates as the tests were not voluntary but enforced, access to test results not distributed and participants involved not identified. The article also suggested that if the sex workers learned of their positive status they may seek 'revenge' and actively infect others in retaliation.

She reminds us that knowledge itself is “mediated by an individual’s gender, ethnicity, class, academic discipline and geographic location”. She argues that in HIV-AIDS discourse, particularly with regards to gender and women’s roles, epistemic responsibility is a “moral imperative” and that in order to understand women’s experience and create appropriate preventative programs epistemic responsibility must be central to all investigations (Reid, 1992: 657).

Regrettably, however, proper understandings of women’s integrated relationships and experience within these filiations are largely absent from current health initiatives. In keeping with the understanding of female biological activities as effortless, natural and obligatory, women’s caring activities are imagined as such. This antiquated manner of defining women-as-carers immures them within “highly prescriptive behaviour” that is limiting and serves to set particular burden on them in relation to HIV-AIDS (Kimoto, 1998: 157, Nicolson, 1997). Just as it is the central responsibility of women to care for family members, in the instance of HIV-AIDS it is their duty to nurse and care for infected relatives. In developing countries these same women are also required to supplement family incomes, or in the case where their male partners have died or can no longer work, single-handedly provide for the household (Silomba, 2002: 78).

Popular preventative campaigns which focus on women as central players appear to lack any form of ‘epistemic responsibility’ and fail to acknowledge the female experience and relationships that shape her daily life. Most preventative campaigns are aimed at predominantly at promoting the peculiar idea of “safe sex”, peculiar in the sense that for many women sex has never been safe, and is often only “conditionally pleasurable”. Sexual intercourse is fraught with all kinds of risk for women that may endanger them — “the risk of pregnancy, risk of censure, risk of sexually transmitted diseases, risk of rejection, risk of violence, risk of tainted reputation” (Denenberg, 1997: 324). The safe sex campaign also presumes the sex was safe for women before AIDS, (although the dangers are multifarious), illustrated in cases of:

women who died for and from sex in childbirth, illegal abortions, faulty contraception, rape, and murder at the hands of their sexual partner (Singer, 1990: 67).

In the context of HIV-AIDS, for sex to be safe for men it merely involves them wearing a condom.

Preventative measures which place the responsibility of safe sexual practices in the hands of women blatantly fail to acknowledge gender based inequities and the pervading power of hegemonic relationships. Stationing women as the primary enforcers of safe heterosexual sex perpetuates the age-old assumption that it is the role of women to act as “adjudicators between men, enforcing conditions upon headlong masculine desire” (Kippax, et. al., 1995: 38). “Faithfulness, abstinence and celibacy” are the vernacular of popular safe sex campaigns, as are “ABC” — abstinence, be faithful and condom use, ABC now extended with DE — no to intravenous Drug use and sterilise Equipment.

Although these popular campaigns can be found throughout the world and can be recited verbatim by many women they are not without their critics. Advice such as “FAC” and “ABC” are viewed by many as an “irrelevant admonition” and embody “slaps on the cheek that force women to face their actual status in the world” (Corea, 1992: 86-87, Crawford, et. al., 1993).

Many cultures, including Javanese, support the notion that female sexual needs are secondary to that of a male. As a result women generally maintain limited knowledge of their bodies and sexual organs, and associate female sexuality with feelings of shame and guilt. It is important to note that many women have difficulty in attaining sexual autonomy over their bodies and feel embarrassed to discuss sexual matters. Women rarely have hegemony in sexual relationships so encouraging them to introduce let alone insist upon condom use displays a deep lack of insight into the reality of many women’s private existence.

The threat of violence is a very real part of many women's lives. Nevertheless, this factor is clearly not recognised when preventative campaigns promote such notions as "abstinence" and "faithfulness". In cases of rape or incest when violence is the primary transmission mode women have no power to bring about abstinence. Furthermore, to advise young women to wait for a 'Mr Right' (who might be HIV positive anyway), in line with some government propaganda, is to "encourage their subordination, passivity and repression or denial of their sexuality" (Segal, 1989: 142).

Women may be able to ensure their own fidelity yet they can only hope for the monogamy of their partners. With this in mind, "be faithful" is hardly effective in assisting them in protecting themselves. At the same time, the very fact that FAC and ABC are viewed as gender appropriate campaigns that serve to empower women implies that women who become HIV positive are promiscuous to some degree (Corea, 1992: 86-87, Hockey, 1997: 300). In this context, it is little wonder then that often young Javanese women preemptively carrying condoms are often labeled as 'easy', or more offensively referred to as "*bispak*"⁹, 'ready for action'.

Moreover, encouraging women to 'know their sex partner' is founded on assumptions that the relationships in their lives are based on and are able to foster effective and honest communication (Monti-Catania, 1997: 246). Comprehensive knowledge of modes HIV transmission and how it is preventable is hardly effective if women do not have elevated socio-economic status that could enable them to negotiate sexual interactions with their partners (Esu-Williams, 1995: 28). Understandably the emotional factors involved with issues of trust and love will often precede the more practical motivations of condom use (Renaud, 1997: 44).

Many women fear the negative reaction of their partners to the promotion of condoms within a 'monogamous' relationship. Even though a partner's unwillingness to practice safe sex arguably constitutes a form of abuse, for many women an anticipated negative partner response is more than enough deter them from raising the issue (Ribble, 1997: 377, Quina, et. al., 1997: 198). Furthermore, effective preventative campaigns that are directed at and/or

⁹ *Bispak*, *bisa dipakai*, literally means 'useable'.

involve women must acknowledge the fact that HIV-AIDS can be transmitted by sex and drugs, “two things that people feel shame and guilt about and about which they lie” (Monti-Catania, 1997: 246).

Women around the world, but particularly in developing nations such as Indonesia, are unable to control certain aspects of their lives. Often financially and socio-culturally dependent, they may find themselves in conditions where they have little bargaining power, particularly with regards to factors that dictate the kinds of relationships they become involved in. Consistently, they have little control over when they are to first become sexually active or fall pregnant. From when they are small they are socialised to conform to gendered and culturally specific familial roles and learn to be responsible for their position in the family. Women act as role models for developing young female minds who in turn will most likely fill these very positions that determine a woman’s status in the family and in society.

Regrettably, cultures in developing countries tend to cultivate and promote an inferiority complex in females that is socialised from an early age. This puts them at risk in significant ways within the spread of HIV-AIDS. The low social status and financial marginality of women in nations such as Indonesia are also important contributors to the instance of high HIV-AIDS prevalence and morbidity.

Women who are unable to achieve financial or social self-sufficiency often become subordinate partners in sexual and marital relationships. These kinds of environments foster a tendency for women to become sexually active at a young age and commit themselves to one relationship. Men, on the other hand, often have several partners before officially committing and may continue to do so afterwards. Furthermore, high levels of illiteracy and low levels of education not only limit access to employment, it also creates a situation wherein women may develop misconceptions about disease, most notably infectious diseases, and fail to adequately understand and respond to public health messages.

This chapter has endeavoured to theoretically provide background to the epidemic and establish what has informed public perception of HIV-AIDS from an international perspective, whilst also introducing elements of the epidemic in Indonesia. In attempting to deconstruct knowledge about HIV-AIDS, we have located a series of discursive dichotomies; good sex-bad sex, the straight and the gay, the exclusivity of the Other and the privileged community of the 'same', restraint and indulgence, victim and perpetrator, and the extremity that underlies them all- that of pollution and contagion, all of which are articulated with culturally specific meanings.

HIV-AIDS as a phenomenon is located at the axis of where many deep-rooted narratives meet. Themes of homophobia and discrimination, the victimisation of the victim, oppositional dichotomies, fixed notions of them versus us- all of these "popular forms of semantic legerdemain" are present in discourse concerned with HIV-AIDS (Treichler, 1988a: 37). Such stereotypes have impacted upon the way in which women too have been apprehended and how the epidemic has in turn and over time become 'gendered'.

This chapter sought to deconstruct the meaning of HIV as a 'gendered' epidemic. It illustrated how the health needs and priorities of women living in patriarchal structures, particularly in developing nations, often fall behind the needs of the male stakeholders. With the instance of HIV this situation has worsened while initiatives attempting to slow down the epidemic have done little to acknowledge the gender specific needs and changing socio-sexual landscape of women.

At another level, gender and sexuality are consistently the imagined indicators of a nation's morality. This is often expressed in the control of female corporeality. The regulation of female fecundity and sexuality has been important to governments when attempting to maintain the legitimacy and socio-cultural boundaries of society. Traditional gender ideologies are often employed in order to justify the contemporary agendas of state authorities.

The Javanese gender ideology has been apprehended and elevated by governmental and charismatic authorities, engendering and fortifying the types of female models deemed acceptable and appropriate to a particular understanding of 'nationalism'. In order to understand how Javanese women are placed with regards to the epidemic it is important to analyse and explore culturally specific notions of Javanese gender and femininity. Gender in Java is informed not only by traditional Javanese notions of power and womanhood but also by indoctrinated and conservative official rhetoric dictating the role of women and how they are to be defined.

An analysis of the traditional Javanese gender ideology and how it has been mobilised in the broader scheme of government developmentalism will provide insight into the motivations behind public health initiatives, concerned with HIV-AIDS and women and provide us with a point of entry with which to assess change and the transforming socio-sexual world of young Javanese women.

CHAPTER 3

THE JAVANESE GENDER IDEOLOGY *MA-TELU AS KODRAT*

Any discussion of contemporary constructions of gender and sexuality in Java requires an exploration of the discursive shifts brought about through the introduction of the gender related policies and programs of the Suharto New Order government. The initiatives put in place by this regime that dominated Indonesian social and political life from the mid 1960s until 1998 were instrumental in the fortification of a national gendered identity.

While in the current period new gender concepts and practices are spreading with the various forms of liberalisation and globalisation which accompanied the ending of the Suharto era to be discussed later, these changes have affected mainly young people living in urban contexts. For the majority of Indonesians the gender attitudes and relations characteristic of the New Order period remain strongly influential today. The following analysis draws on a range of studies of New Order gender ideology, policies and organisational practices.

Traditional gender ideologies are frequently employed to legitimise the aims and policies of contemporary state authorities. Gendered stereotypes found within official discourses remain largely unquestioned as they often appear to have the weight of tradition behind them (Sullivan, 1994: 8). In Indonesia long-established gender conceptions in which women's primary roles are understood as those of mother and wife played a key role in the familialist state ideology of the New Order government. The New Order state was portrayed as an ordered hierarchy on the model of the family, organically embodying the harmonious essence of the nation, with the President in the role of the father (Bourchier, 1999). Individual households were the imagined cornerstones of development and citizens contributed in accordance with their prescribed social roles.

The cultural ideology of familialism, which states that the primary roles for women are those of mother and wife combined with the Javanese concept of power, can be used as

conceptual tools when attempting to understand the dominant gender ideology in Java. This understanding, in combination with the traditional Javanese notions of order and acceptance, serve as multiple sources of domination for Javanese women. In political, economic, religious and ritual spheres, men continue to be dominant, this domination legitimised by state, legal and charismatic authority (Mahmudi, 1997: 32).

In Java high value is given to marriage and this has particular implications for women (Paramita, 1997: 1). Young girls learn of the female destiny of wife and mother, and the socialisation of a girl concentrates on making her a good wife and mother. She will be told that she will not be considered a recognised member of society until she becomes the wife of someone and then produces children. Women are then “dependent on men for their own completeness, the fulfilment of their natural destiny” (Tan, Undated: 12).

Before she is married, a woman cannot be considered a woman or a complete human being; the single woman is to a large degree “sequestered and invisible” (Djajadiningrat-Nieuwenhuis, 1987: 59). As a woman’s status tends largely to be bound to that of her husband’s, rarely does she rise up of her own merit or is her social value entirely reflective of her pre-marriage familial background (Keeler, 1990: 133). In sum, the normative role of the Javanese female has long been a ‘wifely’ one (White and Hastuti, 1980: 14), tradition dictating few alternatives.

There is a relatively unchallenged connection between the role of wife and mother in Java, in that a woman must be married if she is a mother, and vice versa. Frequently, it is argued that as the mother is integral to the household, a kind of matrifocal structure arises (Grijns, 1987: 111). This matrifocal structure is often described as the ideology of ‘*ibuism*’, which “sanctions any action provided it was taken as a mother who is looking after her family, a group [yet] without demeaning power or prestige in return” (Djajadiningrat-Nieuwenhuis, 1987: 44). Djajadiningrat-Nieuwenhuis elaborates on this notion and how it relates to the familial and social realms:

the real role and position of the woman is concealed by the image of the loving mother with only the well-being of them in mind. It is not a threatening image. The difference between this and the image of the Bapak (father) who is also concerned with the well-being of the group is that the Bapak has authority and prestige, whereas the Ibu acts. This is the image known to us: the woman who acts, arranges and organises, for which [the laws of tradition] offer her many opportunities (Djajadiningrat-Nieuwenhuis, 1987: 44).

Although much venerated, this notion of '*ibu*', serves to restrict women, fixing them within a hierarchical web of duty and responsibility (Tiwon, 1996: 65).

In the Javanese tradition the home is imagined as two distinct and gender specific spheres: Javanese males are in the foreground as the acknowledged bearers and transmitters of high culture, and women are theoretically located in the kitchen, as *kanca wingking*, 'a friend in the back', their activities secondary to the preoccupation of men (Gaffar, 1996: 7, Chodorow, 1973: 62). The notion of *kanca wingking* is as much an ideology as a location, officially assigning women a particular sphere of influence yet one that is limited in scope and relatively devoid of power.

Within this culturally classified sphere it is evident that women have much to live up to; "a mother is a woman who works tirelessly from sunrise to sunset...waiting on her husband" (Berninghausen and Kerstan, 1992: 29). Javanese women's work often falls under a triad of gender specific responsibilities, *ma-telu*, the three ms, *masak*, *manak* dan *macak*, essentially to cook, to reproduce and look pretty. The work of a Javanese woman seems never-ending, taking care of her husband's material and bodily needs, managing the movements of the household and caring for children until they leave the home (Gaffar, 1996: 7). Males go from the domestic realm to make a living (*mencari nafkah*) while women are ideologically confined to the home (*di rumah saja*) (Salim, 1999: 33). In addition to this, it is permitted and sometimes expected that a woman will leave the home to work in order to supplement her husband's income, as long as this does not interfere with her household duties (Sen, 1998: 168).

It has been suggested that the women's seeming willingness to remain *kanca wingking* lies in the fact that women internalise the notion that their own concerns are of secondary importance compared to those of men (Hatley, 1990: 185). Passivism or the fatalistic sentiment of 'making the best of it' are characteristic of most Javanese, but perhaps have special resonance for women (Mahmudah, 1997: 50). Koentjaraningrat relates this directly to the Javanese world-view, stating that:

Basic to the religious beliefs of the Javanese is the conception of a cosmic and social order that is determined in all its aspects. The individual human being plays but a very small part in this structural whole. The principal points of his life and status are fixed, his fate is foreordained, and within this framework he must patiently bear the hardships of life (Koentjaraningrat, 1960: 94).

Females are culturally required to accept their fate (*pasrah*) and submit to their socially conditioned gendered lot. The perpetuation of the theoretically revered yet essentially powerless mother/wife ideology has in turn created a situation where men are consistently the recognised masters of the dominant public sphere, and women remain as managers of the private domestic sphere. From another perspective it is evident that there is conflict between these notions of 'public transcript' and 'hidden transcript' in as much as women's predominance within the hidden and private transcript in fact informs all that is within the public arena (Kusujarti, 1997: 89). A discussion of gender as a system of exclusion and domination in Java requires also an in-depth consideration of a concept of power.

Power

Much of women's relative subjection stems from traditional Javanese notions of power and from their cultural and gendered distance from the specific avenues through which to attain it. In Javanese society spiritual potency has an important role in determining the extent to which someone has power. This potency is often achieved through the path of asceticism (Kusujarti, 1995: 22), which involves distancing oneself from society. As women are so

bound to the home and implicated in kinship relationships, they are ideologically and logistically unable to carry out such pursuits.

Anderson's analysis of the Javanese understanding of power although formulated more than thirty years ago is still a useful conceptual tool and can be applied to an extent in contemporary situations. According to Anderson (1972: 21) the Javanese conception of power differs largely from the Western model. In Western political theory, "power is abstract — a formula for certain observed patterns of social interaction [and] is heterogeneous [maintaining] various weapons of power." This notion implies that "the accumulation of power has no inherent limits — it is not inherently self-limiting [and therefore] power is morally ambiguous". Conversely, in Javanese thought "power is concrete — power exists independent of its possible users [and] is manifested in every aspect of the natural world...everything is sustained by the same invisible power" (Anderson, 1972: 22). In opposition to the Western explanatory model he states:

power is homogeneous — same type and same source. The total amount of power within it also remains fixed...Power does not raise the question of legitimacy...power is neither legitimate nor illegitimate. Power is. (1972: 23).

Anderson suggests that power has a specifically masculine quality, "the seed of a man of Power, is itself a concentration of power" and that "self-deprivation is...equivalent to self-aggrandizement within the ascetic mode...the world, the flesh is...distracting...thus leading to a loss of Power" (1972: 40, 24). Anderson's hypothesis reiterates this practice of asceticism as the main means through which one may attain power.

Koentjaraningrat (1980: 133) problematises this further arguing that:

in my opinion, traditionally oriented Javanese too, think of power in terms of an abstract quality, or an aggregate of abstract qualities, just as Europeans do. The difference lies in the fact that, unlike the Europeans, they attribute these qualities...not to particular types of human relationships, but to specific persons.

These qualities are the human qualities which are idealised by the majority of members of society and which therefore have deep moral implications.

In this sense, power can be used to maintain the prevailing social order and support traditional status relations. The ability to maintain and adhere to certain types of behaviour requires a particular kind of knowledge; the acquisition of this knowledge is the channel through which social advancement may flow, thus leading to power. As part of their birthright men are allowed to follow the socially ascribed roads to this knowledge, and effectively 'know' how to obtain the qualities which characterise it.

As intimated above, women are not seen as participants in the pursuit of power. Consequently, they are seen as lacking in the esteemed qualities that result from the accumulation of power; "judiciousness, patience, self-control, deliberate speech, spiritual potency, a refined sensibility, insight and mystical capacity" (Keeler, 1990: 130) and are identified by "capriciousness, lack of control, emotionality" (Brenner, 1995: 31). Instead women's skills and responsibilities lie in the practical sphere of household management and managing money. As a consequence it is reportedly believed that:

in general [women] have the mind of a salesman and are a threat to power (*pamrih*) (profit seeking). The woman is allowed to be *pamrih*. In fact she is left with no other alternative but to be *pamrih* [vis-à-vis the male figures in her life] (Djajadiningrat- Nieuwenhuis, 1987: 47).

Research on the sexual division of labour in Javanese society from the 1950s and 1960s suggested that the prevailing demarcation between female and male in turn assigns each gender equal standing. H. Geertz (1961) and Koentjaraningrat (1957) have argued that this 'separate-but-equal' theorem stems from the fact that Javanese women have sovereignty over a specific field of dominance. The female dominance of the domestic is thus balanced by male dominance in the non-domestic. These gender specific roles are perceived as mutually supportive and unified as they are oriented towards the same objective, that is "a

secure and harmonious family life, and ultimately secure and harmonious social life” (Sullivan, 1991: 74).

State discourse during the New Order period supported by this Javanese notion of ‘equality’ celebrated women’s supposed high status in the domestic realm and emphasised the critical importance of this sphere to the nation’s development. However, upon further analysis it is evident that this demarcation finds its expression in an unequal distribution of power (Geertz, H., 1961, Kusujarti, 1997: 82). Official discourses, supported by this Javanese notion of ‘equality’ celebrate women’s supposed high status in the domestic realm and emphasise the critical importance of this sphere to the nation’s development. National rhetoric helped to disguise women’s actual subordination; “men’s and women’s separate spheres, though complementary, are by no means equal in terms of social prestige and importance” and women simply remained the preordained managers of a male controlled world (Hatley, 1990: 182, Sullivan, 1991).

Many writers have admired the independence and resourcefulness of lower class working women in Java. As women often dominate in petty market trade it has been suggested that “many Javanese women enjoy positions of considerable prestige and respect” (Keeler, 1990: 129). There is also the suggestion that the high participation of women in the labour force equates to a higher status (Schiller, B, 1978, Heyzer, 1986). Even though it seems that “women dominate the markets” it is questionable whether or not this visible domination translates into any kind of real power. Women continue to be relegated to an inferior position to that of men (Brenner, 1995: 24).

While many have lauded the economic self-reliance of the Javanese woman, for lower class rural women working is a way of life. Poorer women have difficulty conceptualising the experience of not needing to work (V. Hull, 1979: 17). It should be noted that as the majority of Javanese women’s lives are dominated by severe economic constraints, most are working because they have to, not out of individual choice (Hatley, 1990: 183). As it is not their integral purpose to seek employment, female education is secondary and female career achievement under-acknowledged (Yuarsa, 1997: 246, Harsono, 1997: 275).

The idea of 'economic independence' is again supported by the fact that Javanese wives usually manage their husband's income, as well as any money they may themselves earn (Keeler, 1990: 129). However, the fact that the bulk of Javanese women manage the household finances does not necessarily imply that they are chosen because of their fiscal prowess. In Javanese thought money is considered an awkward but inevitable necessity, financial affairs relating to the corporeal, mundane world. It is culturally expected that women "traffic in money and information" (Keeler, 1990: 140). The fact that women are concerned with pecuniary affairs proscribes the possibility of their being close to real power. As noted above, focussing on money is negatively viewed within the Javanese discourse of power, in its association with *pamrih* and seeking personal profit.

According to H. Geertz (1961) the independence of the Javanese woman is striking when contrasted to male dependence. While many women may manage both a job and a household, few men would be willing and able to; culture prescribes that men must be the breadwinners with their household needs taken care of by a wife or female relative. Even though the perceived independence and self-reliance of lower class women in some ways make them appear liberated, the extremes of poverty deny access to a full range of life choices. Thus, this perceived independence loses much of its meaning.

This notion of the 'hidden power' of Javanese women within the household sphere is frequently used to legitimise their domestic incarceration (Murray, 1991: 8). The ideology of equality, expressed in the 'separate-but-equal' theorem, is an effective way of masking actual socio-cultural inequalities (Sullivan, 1991: 85). Brenner has alternatively suggested that female dominance with regards to financial matters is in reality a "de facto power" in the sense that even though she may manage the family income, she may not strictly earn it herself (1995: 23).

Brenner has proposed that apparent male authority in the household is simply "lip service" (1995: 31). She further postulates that there is tangible incongruity between official and unofficial discourse on gender. In official contexts, men are powerful and women are dependent in informal situations. Men are understood as governed by lust and needing to be

controlled. Yet even taking into consideration the ideological complexities that Brenner points out, women still manage to do most of the work, very often with little official prestige attached. A woman's celebrated managerial authority seldom translates into real and acknowledged power. As females are culturally ascribed an inferior place in the wider social sphere, it is understandable that the ideology reinforcing that ascription would portray the role of married women in largely favourable terms. It could be argued that the function of this philosophy is to order society and keep men and women in their socially desirable places (Sitepu, 1996: 252).

The New Order regime implemented a number of programs to reinforce these traditional gendered ideological forms and the Indonesian government officially recognised the participation of the female population as vital to national development when in 1974 their cooperation became mandatory.

Pembangunan

State directives under the jurisdiction of former President Suharto's New Order Regime, classified women, married women in particular, as an integral section of society, to whom a special 'role' and responsibility in the development process was assigned. An official state directive insisted that development programs begin in the family. This was based on the premise that the family was the singular most fundamental social institution, forming values and shaping the very attitudes and behavioural patterns upon which a successful development (*pembangunan*) program depends. Defining women's role as prime socialiser and loyal supporter of her husband (thereby confining women to the household) indirectly ensured continued loyalty to and stability within the paternal state (Gerke, 1992: 30). The home was redefined and appropriated as a crucial arena of national development.

Indonesia's second 5 year *pembangunan* plan (*Repelita* 11, 1974-79) concentrated on the role of women in the development process, assigning duties that aligned with the spheres of influence they are traditionally expected to inhabit: that of mother and wife. Assessing the undeniable problems within the rural population, the *Repelita* 11 initiative recommended

that greater efforts should be made to extend the existing level of 'prosperity' within the family, and this would be assigned through the formalisation and establishment of the Applied Family Welfare Program *P.K.K. (Pembinaan Kesejahteraan Keluarga)* and the escalated implementation of the family planning program, *Keluarga Berencana*. During the first half of the 1970s the government encouraged members of the female population to promote and contribute to these two major state programs, as it was they who would 'reap' the supposed benefits of the directives. At the same time the government had discovered a successful way to infuse the development blueprint into the hearts and minds of Indonesian women (Gerke, 1992: 32).

Not only was woman's role as mother and wife implied by the development planners, by 1978 these stereotypical ideals had become part of the state ideological lexicon. The Broad Outlines of the Nation's Direction, *Garis Besar Haluan Negara*, more commonly referred to as *G.B.H.N.*, discussed the primary objectives for the female population and the avenues through which they may achieve them. Women were officially informed that their rights within the *pembangunan* agenda were the same as their male counterparts, yet that their contribution must not conflict with their God-given nature, or their *kodrat* as woman (K.M.N.U.P.W., 1993: 1).

The *G.B.H.N.* states that women have a dual role, *peran ganda*, in the development process that is her role as productive citizen on top of her responsibilities within the household (Soedjendro, 1994: 10). Women were encouraged to enter the workplace, but were also told not to neglect their duties within the domestic realm; the fundamental responsibilities of producing a healthy, prosperous family must take precedence over any personal ambitions.

The *G.B.H.N.* stated that all female contributions to development are inextricably bound to and cannot be removed from their duties as mother, on the basis that women are *a priori* valorised by the gender specific activities of raising children and assisting their husband (Manderson, 1983: 10). Women were assigned five duties, namely, their duty as a loyal backdrop to her husband, as dedicated caretaker of the household, as the producer of future

generations, as the family's prime socialiser and as an Indonesian citizen, in that order (Sullivan, 1983: 148).

The motherhood role was elevated, stressing its importance, to the exclusion of the worker's role (V. Hull, 1979: 29, Sullivan, 1991: 78-79); what was once the "Day of Women's Resurgence" is now simply "Mother's Day" (Gaffar, 1996:, Berman, 1998: 51). Kartini, the national symbol of a Javanese sense of 'feminism', who promoted equal rights to education during the Dutch colonial period, had been given her own day of remembrance to commemorate the issues that were of deep concern to her. Nevertheless, over time and through the mechanisms of 'New Orderism' the wider significance of the day declined and parades of regional women's costumes and cooking demonstrations became the major focus (Abdullah, 1997: 7).

In actuality women have contributed not only as wives and mothers but also significantly as workers to recent economic growth in Indonesia. Yet arguably an ideology of inherent gender difference and practices of subordination denied Indonesian women full and equal participation in the transformation of their nation.

Economic practice under Suharto

The implementation of the national *pembangunan* plan was only possible through the mobilisation and participation of the rural population. Projects at village level were based on traditional concepts of communal assistance, community self-help or *gotong royong* (Bowen, 1986: 549). In this way, the government appealed to the Javanese sense of community, and imposed a greater sense of social responsibility on the rural population. However, it was the dramatic transformation of agricultural sector that came as a result of the so-called 'Green Revolution' that was to have the most lasting effect.

The associated technologies, the introduction of the sickle, mechanised rice huller and various new strains of rice, backed by government incentives, brought about not only a capitalist transformation of rural society but effectively ended traditional forms of cooperation, directly disrupting age-old patterns of employment. The traditional division of

labour by age and sex within the community was drastically altered. Many of the groups and individuals adversely affected by the changes- the unskilled, the elderly, and women- were forced out of their traditional contributions to rice production, replaced by machines that were quicker and more precise. Technological change, whilst making the harvest more efficient and yields greater, facilitated a predicament where many sections of the community lost large parts, if not all, of their yearly wage. The traditional institutional arrangements increasingly gave way to capitalist market-mediated relationships (Young, 1988: 116).

The effects of the so-called Green Revolution continue to be felt to this day. Whereas employment opportunities for men expanded with increasing modernisation and the economic achievements that seem to have followed it, for women previously supported by rural employment these have remained limited (Graham, 2006, Corner, 1987, Budiman, 1985: 2). Poorer, rural, young or uneducated women, forced out of their traditional agricultural pursuits, have had to find labour elsewhere, most significantly in urban centres. Many have also obtained employment overseas, in other predominately Muslim countries, such as the Middle East and Malaysia, working as in-home help and domestic servants often under questionable conditions.¹⁰

The sex work industry has boomed in the last ten years, as a counter effect of increased urbanisation and arguably also by an increase in disposable income that is to be found in tourism centres and in and around mining towns. 90% of sex workers following the mining trade and others, such as in the regions of Kalimantan and Irian Jaya, and working in tourism foci, such as Bali and to some extent Batam, are Javanese. These young, impoverished, predominately east Javanese women move to these centres largely in order to support their families back in Java.¹¹ Meanwhile, others have sought work in

¹⁰ Over the past couple of years there has been a spate of Indonesian female workers experiencing abuse, often leading to death, from their in-country employees. Reports of young women being burnt with irons, raped and beaten to death have been a regular topic in national and international news sources.

¹¹ This information derives from personal observations while working at a sex worker-focused HIV-AIDS organisation in Bali as of December 2008. The majority of females working in the sex work industry there are young, undereducated, from rural areas mostly in East Java, from towns known for their harsh environments, such as Jember or Banyuwangi. One sex worker when asked what Jember was famous for and what makes the town unique, replied 'sex workers'. Traditional agricultural forms of employment no longer exist for these

predominately foreign owned factories where low salaries, deemed a comparative economic advantage, attract overseas investors. Regardless of their workplace conditions, by becoming part of this growing labour niche “women are heroically and correctly doing their part in the development of the state” (Berman, 1998: 10).

It could be suggested that women have been significantly disadvantaged in the economic transformation of the nation, and disassociated from the subsequent benefits that come with it (Nasikun, 1992: 7). The distinctions that literally divide women from men, and symbolically, the public from private realms of existence, originate from traditional stereotypes which are consistently reiterated by the high offices of political power. State ideology treated Indonesian women as largely unproblematic, singular entities, largely ignoring their varying intellectual and political capacities. It seems that official discourse on gender begins with the assumption that women are a homogenous and unified category (Sen, 1993: 44).

Women’s groups

As part of their contribution to development, the government encouraged women to be members of character-shaping women’s social groups.¹² The New Order government established large-scale women’s organisations to involve women as active participants in programs that commensurate the broader purposes of national development. The state endorsed gender ideology valorising women’s roles as mother and wives was further reinforced. Aimed largely at the rural population, imagined almost entirely by the middle class, the activities were derived from an assumption that women as wives and mothers

women. Although the majority proactively seek sex work in more prosperous towns some are also victims of trafficking by deception, sold by their parents or tricked into the industry by wise talking *germo*, ‘pimps’ who entice the women with promises of work in the hospitality field. The truth of their exploitation is revealed when the women are already far from home, relatively helpless and eventually indebted to the *germo*.

¹² Although these groups maintained an integral role in *pembangunan* predominantly during the years of Suharto’s rule, in modern day contexts they are arguably losing much of their significance. Young women, with the exception perhaps of women living in rural and semi-rural contexts, are more preoccupied with their own agendas and the agendas of their personal familial realm. Some of my more vocal informants commented to me that they did not see the relevance of these organisations that they viewed as based on dated rhetoric, symbolic of an unmodernised era and no longer pertinent to contemporary situations.

could only contribute to nation-building through the successful fulfilment of their unique roles.

Women were supposed to maintain 'harmony' not only in the familial realm but within the immediate circle of neighbours (Wieringa, 2002:34). Women were reminded that their families must be their primary focus and that their participation in 'public' lives and macro-societal structure should not conflict with their roles within the familial realm (Kusujiarti, 1995: 78). Through these groups, the government not only controlled fecundity through restrictive family planning programs, it also infiltrated the domestic sphere. Although for many women these organisations maintained a strong social aspect, they could be viewed as perpetuating notions of woman-as-mother/wife by instructing and informing them about appropriate family healthcare, contraception and how to correctly socialise their children.

Dharma Wanita, one of the two government-instituted mass women's organisations, was an umbrella organisation for wives of civil service employees and female civil servants themselves who automatically become members. The structure of *Dharma Wanita* paralleled the hierarchy of the greater Indonesian state. At all levels from the centre to the subdistrict (*kecamatan*) the wife of the highest-ranking official at that level automatically became the head of the local branch (Murniati, 2004).

Dharma Wanita attempted to project an image of the ideal, modern woman, reflecting her concerns, attire and aspirations (Cooley, 1992: 242). As well as enabling wives to support their husbands in their careers, the organisation sought to logistically unify the wives under one banner and perhaps symbolically maintain the unity of the nation as a whole. The organisation was also committed to achieving the objectives of the *pembangunan* projects to work in solidarity with the other organisations for women and to raise levels of knowledge on all they deemed relevant to contemporary Indonesian women. Workshops on needlework, cooking, beauty therapy, make-up, handicrafts and the occasional literacy program, all helped to inform women on how to be good wives and middle-class mothers, creating *ibu*-centered networks (Buchori and Soenarto, 1996: 177, Murray, 1991: 66). In

her article, “The State and Sexuality in New Order Indonesia”, Suryakusuma elaborates on this state imagined notion of *ibu*:

the ideology of ‘State Ibuism’...defines women as appendages of their husbands and casts female dependency as ideal...[and women] as procreators of the nation, as mothers and educators of children, as housekeepers and as members of Indonesian society (1996: 101).

The appropriation of this ideology of ‘*ibuism*’ and the manner in which it is conveyed through the activities and central objectives of *Dharma Wanita* ensured that the uniformity of feminine values and officially sanctioned notions of suitable ‘wifely’ conduct were effectively maintained and achieved (Djajadiningrat-Nieuwenhuis, 1987: 46).

The *P.K.K.* (The Family Welfare Movement), the other mass women’s organisation of the New Order period, involved women in terms of their relationship to a family (Cooley, 1992: 237). The *P.K.K.* movement in Indonesian society was important because it was the prime mediator between the state and village women (P.K.K., 1999: 1). Theoretically presented as a non-political women’s movement, the links between the *P.K.K.* and the state are institutionalised by law; “major functions of state policy and program implementation make general claims of the women’s movement’s non-political status a nonsense” (Sullivan, 1991: 63).

The *P.K.K.* was designed to assist women in developing their state endorsed roles as married women by furnishing them with appropriate ideals, information and guidelines. Nevertheless it has been argued that it was not women as such that constituted the focus of *P.K.K.* activities but the familial realm as a whole (Philpott, 2000: 157). Informed by middle-class and predominately male-oriented ideas, *P.K.K.* leaders and planners prioritised ‘educative’ measures (Sullivan, 1983: 149-150).

Aside from general efforts to improve nutrition, health and sanitation, the objectives of the movement were thoroughly outlined in a Ten Point Plan: 1. the comprehension and

practical application of the national philosophy and state ideology of *Pancasila*, 2. promotion of mutual self-help (*gotong-royong*), 3. nutrition, 4. clothing, 5. housing and home economics, 6. education and craftsmanship, 7. primary healthcare, 8. the promotion of government endorsed cooperatives, 9. protection and conservation of the environment and 10. appropriate domestic planning (Soeripto, 1991: 6).

The whole list was quite idealistic, highlighting areas of responsibility but not suggesting or offering the means through which to achieve them. Not only did the points already require a level of material prosperity, in addition, by focusing on cultural recreational activities, the *P.K.K.* leaders demanded a level of education, not to mention free time, and implied a lifestyle foreign to most village women. A vast social disparity, lack of understanding and real interest effectively separated the middle-class *P.K.K.* theorists from most ground level practitioners. The points constituted “a far distant end rather than efficacious means” for the majority of Indonesian women (Sullivan, 1991: 71).

At official levels, it was generally thought that the *P.K.K.* was a very successful program in terms of mass acceptance. Education on basic sanitation and nutrition has improved general family welfare. Some argue however, that the program appeared only to strengthen those managed and led by men (Bianpoen, 1996: 203). The ideal modern woman and mother promoted by the *P.K.K.* did not stray far from the ideal mother ideologies of yesteryear (Salim, 1999: 45). The middle-class *P.K.K.* philosophy, directed largely at village level, burdened women with a great number of duties, but made no mention of how to achieve them, leaving them solely responsible for the realisation of these largely idealistic objectives and re-emphasising existing social cleavages.

The above discussion attempted to discursively explore notions of ‘gender’ and ‘femininity’ in Java and analyse how these constructions have impacted on and in turn been re-formulated by government initiatives. Through the process of nation building, particular gender and sexual practices are promoted or discouraged, named and reframed. Nation building in Indonesia has also involved the making of an “Indonesian sexuality”. This has been informed by socio-sexual heteronormativity and managed by religious and moral

authorities. It is important to note that Indonesia is a multi-ethnic archipelago that is both linguistically and culturally diverse; the nation's slogan, "Unity in diversity"¹³ is an expression of this. Nevertheless, the nationalist maxim does not promote sexual multiplicity or necessarily encourage in any way gender identity reflexivity.

The next chapter will explore further the notions of 'Javanese sexuality'. It will analyse long-standing constructions of male and female sexual nature and their reinforcement through cultural forms. Traditional literature and theatre and contemporary media can be seen to support dominant gender ideals while also displaying some alternate, 'deviant' models of female behaviour. Although these figures are viewed in dominant discourse as abhorrent counter-models to the idealised heroines (negative stereotype reinforcing the norm), in some ways their existence foreshadows the greater variety of sexual identities which have opened up for some sectors of Indonesian society in the contemporary period. These sexual options are the subject of chapter four.

¹³ The national slogan, *Bhinneka Ika Tunggal*, was regularly dismissed as empty rhetoric, *basa basi*, by many Indonesians I spoke to. Although it alludes to the acknowledgement and celebration of the archipelago's diverse ethnic identities, the motto by no means supports the promotion of a regional identity over that of the national one.

CHAPTER 4

CHARACTERISING MODERN JAVANESE SEXUAL IDENTITIES

Sexuality constitutes an area still seldom addressed in public discourse in Java, at least not without degrees of shame or controversy. Sexuality is rarely discussed not only because it causes discomfort and is considered culturally inappropriate, but also because societal problems such as ethnic conflict, poverty, religious violence and financial matters are deemed more pressing and deserving of attention than the personal domain of sexuality (Alimi, 2004: 7). Researchers in Indonesian studies have also tended to address issues of gender and power rather than conduct specific investigations into issues of sexuality.

Nevertheless, although sex and sexuality are regarded as personal, private experiences, dominant sex/gender ideologies continue to determine socio-sexual norms and values in Java, most significantly with regard to male/female behavioural roles.

The socio-cultural ordering of sexualities and sexual identity, and the manner in which some categories and arrangements are privileged whilst others marginalised and silenced, reveals much about the kind of society that is ultimately imagined and presented. Not only are propagated notions of gender and nationalist identity regulated in purportedly conservative nations such as Indonesia, selected sexual behaviour models, conduct and practices too may be “discouraged, promoted, named and reframed” (Pigg et. al., 2003: 11).

National sex and commonsense sex

The pervasive rhetoric of contemporary Indonesian nationalism strongly differentiates between the normal, procreative, private, conservative, natural and sanctioned sexuality with that which is bad, unnatural and experimental. Pigg et. al. (2003: 13) suggested that in putatively conservative nations such as Indonesia, only two types of sexuality are permitted to exist: national sex and commonsense sex. National sex as prescribed by middle class values draws from Javanese cultural ideals of hierarchy and power and from Islamic

prescriptions that promote deferential female behaviour. Commonsense sex is concerned with sex purely for procreation and reproduction. Consequently, other female socio-sexual models such as lesbianism, bisexuality, *perek*,¹⁴ *wanita karir*¹⁵ and *mimi-momo* (young Indonesian women who sell their virginity) are excoriated in public discourse and in the media. Much evidence suggests that while actual sexual practices may deviate from the prescribed norms, socio-cultural injunctions concerning 'improper', alternative sexualities are strong enough that an atmosphere of sexual secrecy is maintained.

The notion of a 'sexual identity', or "the subjective production of the sexualised self" (Parker, 2008) and sexuality as something to be articulated and apprehended remains very limited in impact and acceptance in Java. Sexuality is something discursively revealing if the identity attendant to the chosen sexual behaviour is that outside of the moral majority identity, such as homosexuality and transgender sexuality. To the majority of the population, sexuality discourse continues to be something largely distanced, foreign, and/or quite simply taboo. With this in mind, it is important to acknowledge that the vernacular used concerning sexuality and sexual identity is derived from English terminology and Western constructions, such as "*free sex*",¹⁶ "*lesbi*"¹⁷ and "*seksualitas*".¹⁸

As the chosen argot is English, those who can conceptualise sexuality as a construction are largely from the educated middle classes. It has been suggested that the notion of a sexual identity and the importance of a proactive sexual desire is "one of the chief determinants of modern identity" (Grover, 1988: 25). For many young Indonesians, young, upwardly mobile women who strive to align with their Western sisters, sexuality, sexual expression and "the discourse of romantic love" is becoming a point of interest in sites such as female magazines and television melodramas (Nilan, 2003: 46). Yet at the same time, for the great

¹⁴ "*perek, perempuan eksperimental*", loosely means, "slut", but infers sexual experimentation.

¹⁵ "*Wanita karir*" is the term for career woman.

¹⁶ "Free sex", or its Bahasa Indonesia counterpart, "*seks bebas*", essentially refers to premarital sex, or any kind of sexual interaction outside of marital union. Westerners are considered to be particularly fond of and apt at "free sex" and to many this is further indication of the lax Western relationship with morality and appropriate behaviour. Any foreigner spending sometime in Indonesia will sooner or later be engaged in conversation with locals rooted in "free sex" postulations.

¹⁷ "*lesbi*" is the term for lesbians.

¹⁸ "*seksualitas*", echoes the English term, sexuality.

majority of the population, longstanding social constructions of sex and gender continue to hold sway.

“*Nafsu*”: an analysis of Javanese sexual identity

Expectations of male and female sexuality are symbolically illustrated in discourse concerning the Javanese concept of *nafsu*.¹⁹ Men purportedly have too much *nafsu*, women heavily pressured in order to express little. Moreover, the recognition of male *nafsu* as stronger and more intense is juxtapositioned with an ideology of female responsibility where women, wives in particular, are required, albeit passively, to channel and manage male sexual desire. This in turn perpetuates a sexual double standard in which men are *a priori* assumed to be naturally adulterous and women ideologically inhibited from stepping outside of the boundaries of socio-culturally sanctioned sexual behaviour.

The concept of *nafsu* in both its tactile, bodily expression and in its abstract, elusive form constitutes the foundation of any Javanese sexuality discourse. Brenner extends further upon the notion of *nafsu*:

Nafsu may take many forms, but the most powerful, and therefore potentially most dangerous, desires are those for sex and money — lust and greed, which are sometimes seen as intrinsically related. Many Javanese men and women seem to take as a given that men have an innately greater desire for sex than women, and that this desire is extremely difficult for them to suppress (Brenner, 1998: 150).

Females not under the patriarchal protection of a respectable male figure are cause for public anxiety and consistently the theme of much gossip mongering; the older ‘spinster’ or divorcee is the often the centre of speculative scandal. As Brenner explains:

¹⁹ “*Nafsu*”- desire, appetite, often used to refer to sexual desires.

a woman who is not subject to any man's control may be the objects of men's sexual desire, but they are not thought likely to succumb to their own sexual desires (Brenner, 1998: 165).

Generally, both men and women believe that men have a stronger propensity with regards to sexual desire, appetite and conquest. Male *nafsu* is perceived to be more potent, more demonstrative and more difficult to restrain than women's desires. This reported 'lasciviousness' in turn may cause men to resort to socially unacceptable behaviours in order to have these needs met, and furthermore serves to justify such behaviour. Extra/pre-marital trysts or infidelities are often dismissed with the expression, "*dasar laki-laki*",²⁰ a phrase that normalises male promiscuity.

Along with other Islamic or Asian nations, for example India and Bangladesh, the Javanese hold a hydraulic model of sexuality based on humoral medical theories of health and corporeality. In a hydraulic system, sexual desire is conceptualised as a strong inherent force that requires release or to somehow be controlled and channeled. The need for sexual release is considered essential for health, and is believed to be empowering for male health most significantly. Sexual interaction for males is regarded as vital for relieving stress and restoring potency, and also in keeping the body fresh and renewing energy (Skultans, 1991).

In humoral models it is important to maintain the body's balance and health and to flush and cleanse the body internally and externally on a regular basis (Van Esterik, 1988). With regards to women, cleansing practices are connected to menstruation and the menstrual cycle. This is further demonstrated with the use of particular herbal remedies, *jamu*, which are perceived to clean the blood and are often taken after menstruating. Modern vaginal douches are also very popular and commonplace products for women who no longer seek therapeutic assistance from *jamu* vendors. Childbirth is another process that flushes out the female body, where literally it is believed she is physically reborn.²¹ Avenues for men

²⁰ "*dasar laki-laki*" is often taken to mean, "typical men!"

²¹ One informant explained that the use of traditional bodices made from tightly bound cloth helps return the body back to its original form "*dibentuk kembali*" and *jamu* helps to cleanse the post-natal body from within.

remain limited. Sexual intercourse is seen as the primary way a male may cleanse himself from the impurities within.

Aspects of the female reproductive system are also seen to exemplify women's weakness and vulnerability. An Indonesian writer observes:

women are emotional and lack control, this expressed in menstruation. Men are rational and undeviating, unscrupulous (Lestari, 2004: 11).²²

Womanly nature is also expressed in the emphasis on 'natural' female procreative behaviours. A woman who is not able or worse does not wish to bear children is not considered a "*perempuan yang baik*", a good/true woman (Abdullah, 1997: 6). As the Javanese gender ideology dictates that it is a female's destiny:

to be a mother would seem to rule out any possibility that women can acceptably be lesbians...identifying as a bisexual or homosexual, with its implications of fixed sexual identity, is unusual (Blackburn, 2004:139).

Integral to the socio-cultural construction of women's sexuality in Java are expressions of passivity. Rarely, excluding images of the ubiquitous sex worker, are women represented as being sexually proactive, and if they are they are quick to be labelled licentious and promiscuous, as *cewek nakal*, 'bad girls'. Consistently, women who have been found to have had sexual relations outside the acceptable bonds of marriage, whether it is involuntarily due to rape or by their own sexual volition, are generally reprimanded and blame apportioned. In some instances it has also resulted in the young woman attempting to take her own life. I encountered two incidents of this kind during my time working at the family planning centre PKBI in Yogyakarta. The centre provides counselling services and

²² "*Perempuan emosional dan tidak terkontrol, misalnya menstruasi. Laki-laki rasional dan lurus, tidak bengkok-bengkok*" (Lestari, 11:2004). I add that perhaps emotion is not exactly expressed in menstruation. It is the emotional imbalance accompanying menstruation which the writer is referring to.

often receives phone calls from troubled females in this kind of predicament, along with cases of suicidal young women suffering a broken heart.

From observing male/female relations over many years in Yogyakarta it seems to me that a common theme of ‘necessary evil’ characterises women’s attitudes to men’s sexuality. Women move in and around male sexual behaviour and desire. Women are imagined as either indifferent to sex or at most as passive participants in that world. It struck me that many women seem willing to accept²³ a few discreet infidelities, or some not so discreet in the case of polygamy, rather than risk damaging the home and hearth. Ephemeral kinds of relationships such as contract marriages, prostitution or casual sex seem to be tolerated on a ‘seen but not heard’ or ‘what we can’t see we can’t condemn’ basis.

In accordance with traditional understandings, Javanese women are socialised, arguably from a young age, to believe that sexuality is a realm occupied primarily by the male members of the community, and that their sexual expression should be directed at pleasing their male partner, in hope of little more than a token “*kasih sayang*”, display of affection, in return (Prabasmoro, 2004: 91). As an extension of this, passivity is a notable element of the gendered cultural construction of women’s sexuality in Java.

Such constructions of male and female sexuality and gendered behaviour, instilled and reproduced in everyday social interaction are also reinforced through powerful cultural models. These take the form of traditional art and performance and contemporary popular culture.

The Javanese womanly ideal in literature and performance

Javanese literary works and traditional performances celebrate an image of women as loyal, loving and noble. The traditional Javanese ideal of womanhood historically cultivated in the noble courts and propagated by the social elite, is one of “grace, modesty, refinement

²³ “*nrimo*” is a common expression used in Yogyakarta, translating from the Javanese as “to accept” and exemplifies a deep external stoicism which is a very Javanese characteristic.

but also of fragility and dependence” (Hatley, 1990: 181). The wayang heroines Sita and Sumbadra with their graceful movements and gentle, patient demeanour remain popular and influential until today.

Creese (2004) in her analysis of traditional literary works from the ancient Indic courts of Java and Bali, discovered that women were told “hide your beauties away and guard your honor” and that female sexuality was something imagined as dangerous and polluting (Creese, 2004: 47). Women were conceptualised as intellectually inferior and lacking in sophistication; “women run after a man, not because he is worthy, young or beautiful, but because he is male” and this emotional immaturity begot and validated her subordination. The female is dissected and found wanting: “there is no difference between the female private organs and a festering wet wound” (Creese, 2004: 182). Creese adds that the “containment of female physicality and sexuality...through the sequestering of women, [ensures that] male control over women is guaranteed” (2004: 246).

Years before state directives assigned women with five responsibilities, the fingers of the hand were used as an analogy of femininity and feminine roles²⁴. In the text *Serat Centhini*, the central character Nyi Hartati discusses the significance of “*kias lima jari tangan*”, the analogy of the hand. With the thumb a woman is reminded she must accord with her husband’s wishes, the index finger emphasises the need to be guided by her husband; her middle finger affirms that her husband comes first. A glance at her ring finger reminds her to be sweet of countenance in serving her husband and the little finger, *jejenthik*, tells her to be competent, but gentle when conceding to her husband’s demands (Mahmudah, 1997: 49).

²⁴ Male scholars often find in classical texts evidence of gender understandings that resonate to this day. In the view of Soejendro (1994: 1) the most frequently used Indonesia word for woman, *wanita*, is a linguistic blend of two words, *wani* “brave” and *nata* “to put in order”. Mahmudah (1997: 48) offers two alternative solutions. He suggests that the word stems from *otak-atik mathuk*, which infers that women must have the courage to be ordered and guided. He also suggests that the word is of Sanskrit origin, a combination of *wan*, to love, to wish for, to long for, and the suffix *ita*, which grammatically changes the word to the passive form: ‘that which is loved, that which is wished for’. The two differing analyses suggest similar things. The first that she must be active in fulfilling her responsibilities, but must also be passive and submit, to give and be simultaneously taken from. To be accepting of that imposed upon her.

From an analysis of ancient texts Murniatmo and Soedarsono (1986) discovered many linguistic consistencies concerning the admired attributes of male and female. To be female was to be *halus* (refined), *cantik* (beautiful), *rajin* (diligent), *penurut* (the obedient one), *hemat* (thrifty), *domestik* (domestic) and *bersih* (clean). Masculinity is identified by strength (*gagah*), by creativity (*kreatif*), *giat* (active), *publik* (of the public arena) as the protector (*pelindung*) (Murniatmo and Soedarsono, 1986). Female characters are obedient (*patuh*) and loyal (*setia*) when serving their husbands, the veritable kings (*raja*) of the household (Mahmudah, 1997: 52).

Alternate representations of women also exist in traditional literature, theatre and folk culture and continue to exert an important influence on popular thought. These range from traditional *ledhek* dancers, solo females dancing with serial male partners at *tayuban* dancing and drinking parties, to supernatural beings, female deities distinguished by their sexual assertiveness and independence of male control. Collectively they have been interpreted as a manifestation of an ancient female archetype, an indigenous deity of female fertility, potent and magically dangerous.²⁵ These alternative possibilities provide the image of autonomous female power, but arguably the dominant construction of this power, particularly in recent years, has been a negative one.

The popular legends of Calon Arang as the vengeful widow, the feared and simultaneously revered Nyai Loro Kidul, and the femme fatale screen star Suzanna are examples of the powerful, autonomous female figures who present a sharp contrast to the fragility and dependency of the dominant Javanese female ideal.

Their power, however, is highly ambiguous, constituting not an alternate gender model but a fearful spectre of the dangers of deviance. For such figures grow out of a process whereby:

²⁵ See Peggy Choy (1984) for a discussion of this female archetype and its connection with Javanese performance traditions. Barbara Andaya (1994) describes how the power of female sexuality and fecundity, celebrated in early Southeast Asian societies in its connection with the fertility of nature, was tamed and contained with the establishment of large scale, male-dominated political states. Autonomous female figures, uncontrolled by male authority, came to be marginalised as a feared threat to social order.

autonomous womanly power outside male control, threatening the very basis of social order, [is] portrayed in terms of a dangerously tempting or hideously terrifying female figure (Hatley, 2002: 132).

In many ways, the existence of these characters has reinforced the marginalisation of non-conformity to traditional conceptions of femininity and perpetuated attitudes of fear and exclusion towards single women and those outside the gendered norm. With regards to the construction of Javanese gendered sexuality, it is important to recognise their influence.

Alternative female representations: the lone, powerful woman

Calon Arang

The legend of Calon Arang illustrates how autonomous women are not only marginalised but also demonised. Calon Arang was a widow who lived in the village of Girah in the kingdom of Daha in the time of King Airlangga. Her magical powers were said to be remarkable. She used them to do evil things, so much so that no man dared to come close to her daughter, Ratna, let alone marry her. This made the widow extremely angry, and with the help of Durga, the Goddess of Destruction, she vented her anger by spreading pestilence throughout the kingdom.

To outwit her, the king conspired with the priest, Empu Bharada, who resorted to a ruse to get hold of her sorcery book. He allowed his most gifted student to marry Calon Arang's daughter. Thus Calon Arang, the personification of wrath and evil, was destroyed by the power of the same book she had used to spread havoc. Eventually, Calon Arang, whose widowhood and choice to live in isolation provoked such uneasiness, was eventually beaten and retribution accomplished.

The connection linking widows, divorcees and older still single women with sorcery is entrenched in Indonesian popular discourse. In the island of Bali, Calon Arang is

manifested in the form of Rangda, “the widow witch of Balinese dance drama” (Hatley, 2002: 131).²⁶ Jennaway explains:

Older spinsters increasingly become targets of sexual speculation and may ultimately attract suspicion as sorcerers. Throughout Bali the cultural trope of widow is a potent symbol of malevolent power. Balinese representations of uncontrolled femininity are embodied in the image of the demon widow (2001: 78).

Temples and statues of Rangda are to be found all over Bali and offerings provided daily in order to placate her.

Nyai Loro Kidul

Nyai Loro Kidul has many names which reflect the diverse nature of her origin in legends and mythology concerning her. She is known as the Queen of the South Seas, Gusti Kanjeng Ratu Kidul, and sometimes called simply by the honorific Eyang, grandmother. In her mermaid manifestation she is referred to by the appellation, Nyai Blorong (Robson, 2003: 77).

It is believed that Nyai Loro Kidul controls the water of the South Sea, the Indian Ocean, and for this reason is worshipped on much of the Javanese and Balinese coast. Most Indonesians, certainly those from Java, will be able to tell stories about Nyai Loro Kidul, and many claim to have had an encounter with her, at least by proxy.

Versions of her origin and how she came to live in the ocean are numerous. What is commonplace ‘knowledge’ is that each Javanese Sultan, and of by rumour also several

²⁶ An extremely controversial (and thereby extremely popular) novel, “*Tuhan, izinkan aku menjadi pelacur! Memoar Luka Seorang Muslimah*”, by Muhidin M Dahlan, 2003, purportedly based on an actual individual, details the fall of a pious and devoted young Muslim student, who through numerous anonymous sexual encounters eventually enters the informal sex work industry, as an escort for civil servants. Kiran, after losing her faith, carries out socio-sexually destructive behaviour and through many trials and eventual illness returns to her original path. Her nihilistic attitude towards men and influential males around her is accompanied by her caustic perspective on sex and dislocation from the world around her. Towards the end of her narrative, reflecting upon her spiritual journey, she likens herself to Calon Arang (pg. 238).

former Indonesian presidents, are destined to be her lover. Shrine-like hotel rooms are reserved for her. People seeking her assistance, whether they be brokenhearted lovers or fisherman needing safe sail, are often seen on beaches of Parangtritis or Parangkusumo at different times of the year.

Javanese believe her demeanour to be at times bitter and malevolent, and that she can only be summoned by the strict observance of complex rituals. She has a particular penchant for young men who she is known to kidnap through drowning and keep as her slaves. She is also a patron for the lovelorn, and is believed to help restore relationships, cause a cheating man to forever fail in love and make some become more attractive to the opposite sex. Nyai Loro Kidul must usually be enticed through the help of a *dukun* (traditional witchcraft practitioner) or through those that guard her shores, and is believed to assist those seeking her mercy and guidance through the provision of offerings deemed fitting for her.²⁷

Suzanna- femme fatale extraordinaire

Narratives concerning ghosts and poltergeists in Javanese mythology are largely gender-based. Most female spirits are lone women who have died whilst pregnant (*kuntilanak*, *sundel bolong*) or those who roam endlessly, seeking revenge for an unjust and untimely death (which has usually followed rape).²⁸ The general populace, although with differing degrees of skepticism, will frequently admit to fearing these spirits. Male ghosts most usually take the form of a generally brutish monster, whose motivation is irrelevant. Female

²⁷ This information was gathered over years of living in Yogyakarta and hearing endless tales of the Queen of the South Seas. Paintings and sculptures of how she is imagined to be can also be found in private residences, restaurants and hotels. Tales of her and her menacing beauty are almost part of daily lore in parts of Yogya, most especially around the beaches of Parangkusumo and Parangtritis where she is imagined to reside. I learned of her involvement with traditional witchcraft, its practitioners, with direct contact with a *dukun* through an acquaintance who was seeking spiritual guidance through a broken heart. This acquaintance not only was experiencing heartbreak but also the loss of possessions stolen by her former male friend. Nyai Loro Kidul is also known to help return stolen goods, if provided with the appropriate offerings.

²⁸ At the time of writing, (January 2009), a much anticipated horror film was just being released starring the most popular and provocative *dangdut* singer of the moment, Julia Perez. The film appropriated a well-known urban legend, *Hantu Jamu Gendong*, rather difficult to directly translate, “Roaming Traditional Medicine Ghost”, and details the tragic story of a beautiful, melancholy herbal remedy peddler and single mother who after being raped and beaten to death, purportedly wanders the streets at night, still selling her wares, seeking out unsuspecting young males to seduce and subsequently kill.

ghosts appear to strike more fear than their male counterparts and are the focus of many horror films and comics.

Suzanna Martha Frederika van Osch, who passed away in October last year (2008), is arguably the most popular performer of horror movies, and perhaps the most famous actress across genres, to ever grace Indonesian screens. Her catalogue is extensive (over 42 films), but what has made Suzanna idolised and feared at the same time is her proclivity for roles of familiar and sexy but also darkly mysterious and evil female predators. She is always able to fight death but not the heteronormative and often Islamic values that consistently bring about her character's demise (in both corporeal and spectral form).

The films she starred in followed a standard format, and arguably bordered on the repetitious. Suzanna played roles where she was both protagonist and antagonist simultaneously, through an unfolding process of ill-doing and revenge. Her films included titles such as *Bernafas Dalam Lumpur* (Breathing in Mud, 1970), *Beranak Dalam Kubur* (Birth in a Graveyard, 1971), *Nafsu Gila* (Wild Lust, 1974) and *Bangunnya Nyi Roro Kidul* (The Rise of the Queen of the South Seas, 1985).

Consistently, in the beginning of the narrative, Suzanna was depicted as beautiful, moral, middle-class, from a 'normal' background and residing in an idyllic and model Javanese village. After a series horrifying deeds carried out by violent, immoral masculine figures which inevitably led to her character's death, Suzanna's multifarious characters would wander, seeking revenge and causing both terror and temptation simultaneously. However, these unfortunate souls were regularly brought to justice by male figures of religious (Islamic) authority and order thereby restored.²⁹

The popularity of Suzanna's films, and the mystery surrounding Suzanna the celebrity herself, reflect the perpetuation of a sense of fear and unease concerning women that are outside of the heteronormative 'box'. Widows, single mothers, rape victims and supernatural female spectres are inextricably part of national and local mythical narratives.

²⁹ http://pravdaveromultiply.com/journal/item/279/Au_Revoir_Suzanna

The ongoing connection between wickedness, sexuality and the unbridled female and her ability to bring out the worst in males is poignantly demonstrated in the example of *Gerwani*.

Gerwani

The threat of the lascivious, sexually autonomous woman is not necessarily confined to traditional mythical constructions, by looking into recent Indonesian political history we see this male-articulated concept exemplified also in the treatment of the women's movement, *Gerwani*.³⁰ *Gerwani*, as a women's movement connected to the Indonesian communist party, has been described as, "a semi-autonomous women's organisation with a triple loyalty to women, the socialist cause and nationalism...it was inspired by socialist ideals" (Wieringa, 2002: 39-40).

As part of the justification of the elimination of the Communist forces in the 1960s the military manufactured rumors concerning the licentiousness of this female movement that purportedly used their autonomy and sexuality to undermine established social authority. Their persecution by conservative religious groups as well as the military, also involved a reworking of the symbolism of Calon Arang which was used to further justify this persecution (Hatley, 2002, Tiwon, 1996).

As is relatively common knowledge, communism is seen as a direct threat to religiously minded nations. Autonomous political action by women is likewise viewed as alien and threatening. According to officialdom *Gerwani* thus embodied all that was 'un-Indonesian' at that time. Wieringa explains:

Gerwani's move into terrain hitherto considered male triggered fears among traditional groups in Indonesia, especially devout Muslims, that in turn provided a fertile ground for Suharto's campaign of sexual slander in the late 1960s (2002: 7).

³⁰ For a detailed account of this rarely documented part of Java's history, see further, *Sexual Politics in Indonesia*, S. Weiringa, ISS, The Hague, 2002.

The chosen totem of *Gerwani* was Srikandi, the masculine, warrior spouse of the popular *wayang* character Arjuna, as opposed to his more permissive, submissive and obedient wife, Sumbadra who exemplified Javanese female *kodrat* (Wieringa, 2002: 34). In traditional Javanese contexts, women are expected to be sexually and socially modest. The persecution of *Gerwani* was not based on their push for relative social autonomy but the hypothetical sexual aggressiveness that was understood to be associated with such gender equity (Wieringa, 2002: 35).

The 1960s were a time of much social upheaval in Java and the zenith of this came with the removal of elements considered to be damaging to the cohesion of the body politic; the communists were victimised with thousands perhaps close to a million murdered and buried in mass graves and efforts by the military to gain public support for the persecution of communists, *Gerwani* as a particular target:

became associated with disorder symbolized by women's perverse sexual behaviour. Society could only be saved from this chaos by a systematic cleansing of communism and the re-subordination of women (Wieringa, 2002: 281).

The victorious New Order regime which took control after the defeat of communism reinstated and strengthened the traditional hegemonic sex and gender ideology as a central element in its purported restoration of social order. The appalling victimisation of a group of women supporting female autonomy is indicative of a fundamental fear in Javanese society of female assertiveness and autonomy seen to threaten the existing male hegemon.

After the fall Suharto, a number of women writers and performers such as Toety Heraty (*Calon Arang: Perempuan Kisah Korban Patriarki* 2000), Ayu Utami (*Larung*, 2001) and Cok Sawitri (*Pembelaan Dirah* 2000) have reclaimed the power of female sexuality and autonomy in retelling the story of Calon Arang from her perspective, in her own words. Their work is part of a wider body of recent writing by women, so-called *sastra wangi*, which depicts confident, active female protagonists and candidly addresses sexual and

political themes.³¹ But given the strength of age-old fears of female assertiveness, deliberately emphasised and promoted by state authorities and in media imagery over the last 30 years, the impact of these alternate images seems likely to be limited.

The traditional and the transformative

The combined influence of traditional ideals of womanhood, their valorisation by the New Order regime, the frightening alternative of the lone woman as ‘witch’ and the manner in which this was used by the regime to vilify both communism and politically active women perpetuates repressive, constraining notions of sexuality and gender. This has brought about a situation wherein behaviour has been forcibly regulated to align with the assigned “naturally given” socio-sexual identity (Giddens, 1992: 198).

Giddens’ exposition, *The Transformation of Intimacy* (1992), (although not directly concerned with Java) is perhaps one of the most influential discourses concerning the transformation of sexuality and the role of forces such as modernisation and globalisation in this evolution. To Giddens, sexuality is,

“a social construct, operating within fields of power, not merely a set of biological promptings which either do or do not find direct release”,

and with the transformation of intimacy of recent times sex has become “severed from its age-old integration with reproduction, kinship and the generations” (1992:96, 27).

Sexuality and sexuality constructions are based on a variety of socio-cultural relations. Weeks (2000) suggests that sexuality is informed by kinship and family, economic and social organisations, changing patterns of social regulation, changing forms of political

32. For extensive discussion of the *sastra wangi* phenomenon and its context, see the editors’ introduction (Bodden and Hellwig, 2007) and other articles in a special issue of the journal *RIMA* “Post-Suharto women’s writing and cultural production”, 41, 2, 2007.

interest and cultures of resistance (Weeks, 2000:129). His framework can be very usefully applied when analysing social behaviours in Java. He argues further:

“debates about sexuality are debates about the type of society we want to live in. As sex goes, so goes society” (Weeks, 2000: 133).

Week’s comments that HIV-AIDS brings into light the essence of what a society is entailed of and what sexual identity it wishes to publicly present. Furthermore, HIV-AIDS is attributable to “changing patterns of sexual interaction” and for many the epidemic is “a potent symbol for all that had changed, or threatened to change” (Weeks, 2000: 143).

Weeks postulates that HIV-AIDS is part and parcel of a wider process of globalisation, an insidious side effect perhaps, which through the broader machinations of technological innovation, cultural integration and the creation of an “informational society” has brought about a kind of ‘detraditionalisation’ of socio-sexual constructions (Weeks, 2000: 238-239). He puts forward the notion of “the transformation of intimate life” in the more private realm, which has been informed by “changes in the family and gender relations, and the diversification of sexualities” (Weeks, 2000: 241).

Giddens comments that throughout recorded history sexual pleasure for women has been inextricably associated with very real fears: fear of repetitive pregnancies and death attributable to childbirth (1992: 27). Female sexuality was to be deracinated and treated as “the pathological origin of hysteria”; women were socialised to believe that love should take precedence over any “proclivity towards sex” (1992: 21, 66). Women were to be the sexually responsible partner who reined in the true nature of man; male sexuality was, and still is in certain contexts, coloured and characterised by their socio-economic domination. This was further defined with the categorical “schism of women into pure (marriageable) and impure (prostitutes, harlots, concubines, witches)”, and through the construction of ‘natural’ and ‘biological’ sexual difference and the sexual division of labour (1992:111).

Gender binary opposition was in turn “constituted and reconstituted”, with other alternate gender elements omitted, and applied in order to concretise socio-sexual identities. In traditional sexuality, sex and reproduction were an integrated whole that structured one another and the management of which women, most importantly mothers and wives, were to play the central role (1992:202). This is significantly noticeable in the processes of a conscious nation-building. Over time sexuality became “sequestered and privatised” and motherhood was instated as the primary female domain. This was part of a process wherein “female sexual responsiveness” was denied and male sexuality generalised as “unproblematic”.

Giddens postulates that with the transformation that came with modernity sexuality became further disconnected from its reproductive foundations. This saw the emergence of a more “reflexive projection of self”. Women were to be central in “managing the transformation of intimacy which modernity set in train” (1992: 177). Giddens argues that the processes of modernisation and globalisation brought about the commodification of sex, and in turn the introduction of something he terms, ‘plastic sexuality’, a sexuality dislocated from its reproductive foundations.

The introduction of ‘plastic sexuality’, detached from its age-old integration with “reproduction, kinship and the generations”, was at least in the Western world, a catalyst that brought about the sexual revolution of the past several decades (1992: 27). Sex was in turn apprehended as, amongst other things, a marketing tool for promoting goods and consumerist models in a capitalist oriented society; this fostered consumerism and, according to Giddens, hedonism (1992: 176).

It has been not just the development of a capitalist society with its plastic sexuality and the influence of modernisation and globalisation with the establishment of the information ‘superhighway’, but also, more insidiously, HIV-AIDS which have significantly brought about a transformation of sexuality.

Women, as mothers and wives, are protectors of the nation's culture. In relation to public sexuality, those values that are thought to be older and "Indonesian" or "Asian" as opposed to "Western" are in the care of women. As protectors of these values they must uphold and remain examples of them, above reproach. Thus, women's behaviour becomes a matter that affects both public and private domains; women's sexuality and morality become matters for everyone's concern which has particular repercussions for the body politic. Although Java has a history of multifaceted socio-sexual identities, public discourse consistently silences these "multiplicity of sexually marked voices" (Moi, 1985: 173). Furthermore, not only have these strict socio-sexual ideologies "failed to serve the interests of most women or men" they do not necessarily reflect their practices either (Blackburn, 2004:11).

Sexuality in Java is constructed within particular gender specific contexts which identify acceptable sexual norms for both males and females, distinguishing the 'normal' from the abnormal and the moral from the not so. Yet norms for sexuality have not gone unchallenged in Java and perhaps Indonesia on the whole. In recent years, for example, an emerging gay male identity movement and the more openly promiscuous female or '*perek*', have caused alarm within Javanese society because they blur boundaries and contradict dominant ideologies about gender, sexuality and Indonesian culture.

Rhetoric about the family and Javanese socio-sexual norms and values are construed in oppositional terms as the antithesis of more liberalised and 'Westernised' views toward sexuality and morality. Recently, Javanese culture is perceived to be under attack from an 'influx' of outsider norms and values, its borders made especially vulnerable at this time because of the rise of a more consumer-oriented middle class and because of the forces of globalisation. Globalisation stands as the epitome of permeation and penetration and has indirectly encouraged calls for a mobilising of forces to redefine and reiterate what exactly are 'Javanese norms and values'.

The following chapter will explore and identify these emerging socio-sexual models that are appearing in the age of HIV-AIDS as a concomitant effect of the modernising and 'Westernising' of Yogyakarta. By "using the optic of widespread changes" alternative

female identity forms and behaviours become more apparent; examples such as lesbianism, Westernised socialising models and pornography are all indicative of a changing and arguably more accommodating socio-sexual landscape (Smith-Hefner, 2006: 144).

CHAPTER 5

THE VISUAL AND TEXTUAL SEXUAL: EMERGING SOCIO-SEXUAL IDENTITIES

In recent times, Javanese culture, through the forces of globalisation and modernisation and in the face of HIV-AIDS, has been perceived as symbolically under attack from an incursion of outsider values and norms. These imagined borders have become especially vulnerable at this time because of the rise of a more consumer-oriented middle class and the attendant impact of changing socio-sexual mores. There appears to be a degree of ambivalence towards modern life, and this is cast almost entirely in terms of concerns about the sexual behaviour of women which necessitates the intensified hegemony over socio-sexual mores.

Representative of this “manning the gates” (Douglas, 1992: 11) were the recent moves towards the instatement of very conservative and restrictive anti-pornography legislation³² and were also a testament to this sense of heightened socio-cultural permeability. These moves signified calls for a mobilising of forces to reiterate and redefine what Javanese norms and values would and wouldn’t be sanctioned in this changing socio-sexual environment. This most significantly encumbers the development of any innovative and wider interpretation of Indonesian sexuality and, indirectly, impacts upon the rising instance of HIV-AIDS and public responses to it.

It has been put forward that sexuality discourses are regularly absent from material pertaining to Java; Zondervan has suggested that this is owing to the reality that:

³² RUU APP (*Anti Pornografi-Pornoaksi*) is a very vague and problematic form of legislation. According to the classifications of the bill, what constitutes *pornoaksi*, pornoaction, could be anything from a traditional performance with arguably sexy dance moves to kissing in public to suggestive works of fiction. Likewise *pornografi* is equally as difficult to classify. The bill has been instated in a number of more conservative municipalities, wherein in one case, it was reported that a young woman standing alone and wearing lipstick after dark was arrested for suspected soliciting. After questioning it was proven that she was simply waiting for a lift home after finishing her shift waitressing. Understandably, many members of the artistic community, including performers, authors and intellectuals fight to this day to stop the parliamentary approval of this particularly autocratic and obtuse legislation.

knowledge about sexuality and the attribution of meaning to sexuality of men and women seems to be limited on Java. A lot of misunderstandings about sexuality exist (1997: 33).

From my discussions with young people in Java the ability to articulate their understanding of 'sexuality' was dichotomously determined by the categories of 'normal', heterosexual, heteronormative, (if a male overtly so, if a woman, coquettish), and 'abnormal' *nggak normal*, anyone else, categorically marginalised: lesbians, promiscuous women, men who have sex with men etc. This indicates that young Javanese understand the value and meaning-laden concept of a 'sexual identity' but conceptualise it with rigidity and conservative morality. Once again, observations by J. Weeks are very relevant here:

sexuality is a fertile source of moral panic, arousing intimate questions about personal identity, and touching on crucial social boundaries...sex is a particular site of ethical and political concern (1985: 44).

According to Weeks, a sexual identity is not only determined by an individual's sexual behaviour and proclivity, but that in contemporary contexts:

sexual identities are no longer arbitrary divisions of the field of possibilities, they are encoded in a complex web of social practices- legal, pedagogic, medical, moral and personal (1987: 48).

Many Indonesians believe that sex is a natural experience that will come with marriage; it is not something that needs to be communicated, let alone to young people (Hidayana, 2004: 6). Consequently, the issue of the introduction of reproductive and sexual health education in schools is highly contentious and reflective of such sexual conservatism. Many fear that discussion of sex (even in a public health context), let alone the abstract notion of 'sexuality', could incite promiscuity. Although Indonesia is now experiencing the effects of globalisation and varying degrees of exposure to the agendas of the Western world, there is

still a lot of censure concerning reproductive health and youth sexuality. Young people seek information from alternate sources such as Western style magazines and the internet and may follow models seen on television shows (Moeliono, 2004). Nevertheless, if one digs below the culturally conservative public loam of Java's socio-sexual landscape many new and contradictory models emerge and persist.

Globalisation and modernisation as transformative agents

Forces such as globalisation and modernisation often act as agents in the paradigm shift from "traditional" to "transformed" sexuality (Kammerer et. al., 1995: 68). In recent times, through the influence of modernisation and Westernisation expressed through the information superhighway and through the agendas of capitalist consumerism, new models of sexuality have begun to appear. A more openly assertive female sexuality as expressed by younger, primarily single women continues to absorb media attention. In contrast with the easily definable category of prostitute or 'woman without morals' these are arguably more problematic examples of femininity.

Actively socio-sexually assertive female examples that blur the boundaries of strict gender models, for example, "*perempuan eksperimental*", or "*perek*", young openly promiscuous females and the driven socio-economically independent career woman, "*wanita karir*", have created degrees of alarm and public admonition. In public discourse they are represented as expressing a style of sexuality that is often suggestive of societal values identified more often as 'Western' than Indonesian. They perhaps thereby infract from the image of the traditional Javanese woman whose sexuality must lie in waiting until apprehended in marital union.

In the lifetime of their foremothers young female sexuality was sequestered from view in a physical as well as in a social sense; to a certain degree this is changing. In the mass media Indonesian women are now being presented with more than one model to follow. Although this is indicative of a widening scope of opportunities and identities for these women, these models are not without contestation. Political, religious and charismatic authority continue

to have cultural hegemony over what models are and are not considered appropriate, particularly with regards to sexualised examples. Nevertheless a greater diversity and multiplicity of feminine representations continue to emerge.

Discourse surrounding Westernisation (or Coca-Colonisation to coin a phrase) and its corrosive impact upon celebrated conservative socio-sexual mores are commonplace in contemporary Java in certain sections of the populace. The notion that the perceived Western elements are responsible for the decay of morality in young people is regularly identified or commented upon. Notably, in popular rhetoric socio-sexual norms that seemingly lead to HIV-AIDS are also viewed as attendant to and part of the unavoidably transformative impact of globalisation, modernisation and Westernisation.

An internet blog, *Perempuan*, that is concerned with contemporary issues of femininity and the predicament of the Javanese female, facetiously replied to the popular misconception that foreigners are more ‘liberated’ and ‘free’ as opposed to Javanese, and Indonesians in general, and that Javanese are passive victims of cultural colonisation. It largely pokes fun at the Javanese tendency to be arguably hypocritical in order to ‘save face’. Below are translated excerpts of one particular blog entry:

Damn, I love Indonesia, it’s so much freer! Who says America is a more liberated nation?? Haven’t you ever seen (or perhaps been one yourself) groups of young kids drinking beer?... Not an uncommon sight at any Circle K³³ carpark...³⁴

Ever heard of Texas?...Yes of course you have! The city where you are not allowed

³³ Circle K is a 24 hours convenience store franchise that is extremely popular over parts of the archipelago. It is very common for groups of youth to mingle and drink outside such stores, as the beer is cheap and there is no entry fee like many entertainment centres or clubs. Curiously, (as far as I am aware) police rarely interfere with these gatherings where young men and women, mainly university students from different backgrounds can get together. It is popular also perhaps because of the relative socio-economic and ethnic autonomy obtainable in such environments. I have met young university students from areas as far as Irian Jaya mixing with wealthy young people from Jakarta or Bali enjoying a libation or two at a Circle K. Circle K is another example of a site where young people can meet and interact without parental supervision.

³⁴ “*Damn, I love Indonesia, lebih bebas. Sapa bilang Amerika Negara bebas?? Pernahkah anda melihat (atau merasakan sendiri) sekelompok anak muda minum bir?...wah bukan pemandangan aneh di parkir Circle K...*”

to have a drink wherever and however you please? Give me Bandung, or Jakarta any day, where you can get drunk at the steering wheel!³⁵

Have you ever bought a porno mag, semi-porno- or whatever you want to call it- that has a bikini girl on the cover and headlines such as “7 Wild Tricks for the Bed”, “Sex Workers in Solo”, or a magazine that refers to “Mr Happy”³⁶... no, not me (LIAR!! What’s that under the mattress? Hidden in the cupboard?? In the boot of your car??)...³⁷

Who HATES America??...WE INDONESIANS DO...that’s why we choose and lovvve to drink Pepsi, buy Mc D., use Motorola hand phones, watch Hollywood movies...drink coffee at Starbucks, watch Desperate Housewives...what’s more we really hate America though we read Playboy (we answer red-faced).³⁸ (Abdullah, *Perempuan Milis*, 2/5/2006).

The overarching theme of anti-American (read Western) discourse is based on the perception that Indonesia’s socio-cultural borders are being infiltrated by not only popular culture agents (as mentioned above) but also any kind of behaviour, socio-sexual most significantly, that appears to contradict with the sanctioned rhetoric is alien to true Javanese nature. This understanding places young people, women in particular, in a curious predicament: the more superficially Westernised they appear the more morally-lax and un-Indonesian they are imagined to be.

³⁵ “*Tau Texas?...Tau! Kota yang ngga boleh minum alkohol sembarangan kan? Mending di Bandung, atau di Jakarta, mau mabok sambil nyetir juga boleh!*”

³⁶ Mr Happy is a popular Indonesian pseudonym for a penis.

³⁷ “*Pernahkah anda membeli majalah yang porno, setengah porno- apapun sebutannya- yang covernya adalah wanita berbikini dengan headline 7 Trik Liar Di atas Ranjang? Kupu-kupu Malam Kota Solo dan majalah yang setiap edisinya tidak pernah luput dari kata Mr. Happy?. Ngga tuh (Boong!! Liat ada apa di bawah kasur? Yang diumpetin di lemari? Bagasi mobil belakang)..*”

³⁸ “*Siapa yang BENCI Amerika???...KITAAA ORANG INDONESIA BENCI banget Amerika, makanya kita memilih dan senenggg banget minum Pepsi, Beli MC. D., Pake HaPe Motorola, Nonton film Hollywood.. Ngopi di Starbucks, Nonton Desperate Housewives...lagian kita tuh benci banget Amerika meski kita baca Playboy (dijawab dengan muka malu)*”

The popular perception that young Indonesians are becoming more sexually active and are moving towards purported 'Western-style' trajectory concerning socio-sexual behaviour is regularly documented by the press in salacious media accounts. Investigatory research by a relatively well-known sociologist, Iip Wijayanto (August 2002), reputedly exposed the 'true' socio-sexual nature of young women living in Yogyakarta and preoccupied the mass media for weeks, even months afterwards. Wijayanto claimed to document the sexual behaviour of young female university students living in boarding houses. In this extremely politicised and controversial report, Wijayanto claimed that 97% of the young women he interviewed were no longer virgins (Wijayanto, 2002). He attributed the 'alarmingly' high statistic (understandably alarming to conservative members of the body politic, most significantly the parents of young women) to a "permissive social atmosphere and weak parental control" (Smith-Hefner, 2006: 143, 159).

The ramifications of this contentious report persist. A number of university deans lamented a drop in female student numbers due to parental trepidation in sending their daughters to study away from the familial realm and police intensified interventions in female and mixed gender boarding houses (*personal communications with colleagues from PKBI*). It is not uncommon to witness on nightly crime television shows police raids on cheapish hotels. Young, unwed couples are caught in the act, publicly exhibited as exemplifying the increasing socio-sexual decay of contemporary Indonesia. Although studies and exposés of this kind are highly problematic, they are nevertheless indicative of the possibility of widening socio-sexual networks and landscapes.

Young Javanese women are increasingly exposed to new media images and other transformative agents influenced by globalisation and Westernisation. As they are exposed to these new models, there are also exposed to a plurality of identity forms and to alternate spaces for expression (Faruk, 2004: 65). Young women in Yogyakarta from middle to upper socio-economic backgrounds could be said to enjoy a relatively cosmopolitan and sophisticated knowledge of technology. These women are also living in a virtual world where contact and information concerning global youth contexts and trends is just a mouse click away. They may have regular contact with young people of similar age living in

alternate socio-cultural environments. Through the internet they may also find space for socio-sexual identity exploration and become aware of international issues and concerns.

Recently, the social networking internet phenomena such as Facebook, Friendster and Myspace websites, along with other chatting cyber spaces, Yahoo messenger and others are impacting upon the way young people are communicating. These internet sites are not only popular as they provide an arena for young people to interact and connect with their immediate networks but also to search for new friends and potential partners. For the lesbian, gay and *waria* communities these spaces allow relatively closed communication and interaction away from public admonition. Many young people have commented to me that these spaces facilitate free interaction with site members, some celebrating (others bemoaning) the increased opportunities for flirting and open dialogue with the opposite sex that these sites inadvertently appear to encourage.³⁹

Cellular phones are very popular communication tools and accessories for young Javanese women. Many commented to me that they facilitate interaction with the opposite sex as they provide much opportunity for flirtation and private dialogue. Although the popularisation of the hand phone as a mode of communication and its known connection to infidelity is not indigenous to Java, it has culturally specific implications in a nation where a person's conduct traditionally does not escape without recognition and the enactment of risqué and questionable behaviour rarely passes by without commentary. Use of hand phones has seen the introduction of several new expressions text message specific: *TTM*, *teman tapi mesra*, close friends who flirt, *HTI*, *hubungan tanpa ikatan*, non-commitment relationship, *HTS*, *hubungan tanpa status*, relationship lacking status. These new relationship models appear to be very common and these new, interactive modes of telecommunication seem to facilitate them (findings from qualitative research, see Chapter 9).

³⁹ A number of my informants maintain regular chatting relationships with males other than their partner and likewise some have ended relationships when a partner's internet networking has gone too far.

Figure 5: Handphones are a very popular modern accessory of young women



Perek and wanita karier

Two new relatively recent socio-sexual models are subject matter in the discourse of modernity and are indicative of its impact upon the traditional Javanese gender ideology. I have chosen to briefly detail *wanita karier*, ‘the career woman’ and the *perek*, *perempuan eksperimental* as, although they represent two different ends of the spectrum of the changing Javanese woman, the manner in which they are apprehended by the body politic parallels. Thematically, the most significant characteristic of these models that is problematised is the appearance of a degree of ‘autonomy’ which is also linked to modernity. *Wanita karier* is imagined to be socio-economically independent, not bound to a male for subsistence. The *perek* maintains relative socio-sexual autonomy, she chooses who she has sex with, she is socio-sexually proactive and to some degree buckles and bows the traditionally gender ideology.

Javanese women have always worked; whether it be agricultural work or small trade-based employment to supplement a spouses income. This work has always been considered

secondary to that of the earnings of the male bread-winner. As has been mentioned before in previous chapters, the vernacular used to articulate behaviour and mores deemed alien to traditional cultural understandings, is more often than not based on English terminology. Although Javanese women are working women, the word for young women who choose to work for the attainment of socio-economic autonomy is 'career', albeit with Indonesianised alliteration. This distinction also reflects a class-based shift that has come with modernity.

A 'career' is a very Western concept. People attain a 'career' and profession through learning a trade or obtaining a university degree, both achievements generally restricted to wealthier members of the body politic. These 'career' women chose to work, have the ability to determine their specialised field and function as independent society members; therein lies the anxiety concerning her autonomous status. Her socio-economic autonomy also generates suspicion regarding her socio-sexual behaviour, and in general epitomises a condition wherein "more autonomous female behaviour is queried and criticized" (Hatley, 2002: 130). Brenner explains:

Wanita karier ambiguously signifies a woman who is admired for her ability to participate in the modern economy, but who is at the same time fundamentally suspect for her presumed selfishness and lack of attention to her family...The career woman then becomes a modern, and potentially risky, alternative to women's default position as housewife (Brenner, 1998: 242, 243).

Wanita Karier, is perceived to be independent, both financially and emotionally, and also promiscuous. They maintain a controversial place in the contemporary gender discourse, as women's role is consistently restricted to the home and as subordinate to the presiding male authority. In addition to the imagined unbridled sexuality of middle-class career women, there is the more openly transgressive sexuality of some young, single middle-class women who are agents in their own sexual activity, which is deemed even more disturbing to the general populace.

Weeks has commented that in traditional gender ideologies, “promiscuity was both cause and symptom of disaster” (Weeks, 1985: 51). *Perek*,⁴⁰ ‘experimental women’, are characteristically young urban females, who (according to popular rhetoric) actively assert their own sexuality, similar to the behavioural models celebrated in Western magazines, like *Marie Claire* and American TV programs such as *Sex in the City*. *Perek* have a more commodified style-conscious sense of self and display a cosmopolitan indifference imported from such media. They celebrate a modern sexual ethos and are vocally liberal and openly materialistic, very fashionable, frequent shopping malls, beauty salons and nightclubs.

Some have argued that girls become *perek* because of a spiritual emptiness stemming from the loss of meaningful family relationships. According to popular opinion, these young women through a lack of familial support from a broken home or the like, substitute intimate relationships with strangers for affection. In addition, the breakdown of traditional morals, increasing permissiveness in the social environment and a lifestyle that focuses on consumerism are also blamed.⁴¹

Another socio-sexual model that has been the discursive muse of numerous books and tele-movies, are *ayam kampus*. *Ayam Kampus*⁴² are young female university students who solicit themselves for financial gains or material goods, like handphones and clothes. This phenomenon is reportedly concentrated in university towns (hence the name), but it is actually difficult to determine how many young women support themselves in this way. During my in-country research many of my informants intimated that they ‘knew of’ or had ‘heard about’ women working this way at their own university. According to these sources, one could identify an *ayam kampus* from their attire. Interestingly they claimed that the most successful *ayam kampus* came from Yogyakarta’s most prestigious Moslem universities, predominately from the economics or marketing department.⁴³ The impetus for

⁴⁰ Just recently I discovered that *perek* is also slang for ‘slut’, and I contest therefore not a label potentially used by the young women who would be deemed displaying such behavioural models.

⁴¹ Comments from my informants.

⁴² Directly translates as “Campus Chicken” but refers to their locale and age.

⁴³ For direct discussion of this see Chapter Nine.

such women carrying out this work was not material gain but also their reported ‘disappointment’ with an old boyfriend or men in general.

Figure 6: Young women socialising without male company is now a common sight.



The autonomous woman is “always somewhat suspect” (Brenner, 1995: 37). The presence of any unaccompanied woman in a public space in Java invariably invites criticism and scrutiny from others who see her as crossing the boundaries of acceptable social behaviour; her motives and morality will always be questioned. Nevertheless, socialising, in the Western sense is a popular pastime among young female urbanites in Yogyakarta, whether it be going to the cinema, window shopping in the mall, having lunch or going out for a coffee to gossip or just ‘hang out’. Groups of young women getting together and out and about are not necessarily an uncommon sight in Yogyakarta. The more liberal young woman will catch up for an alcoholic drink or two or even go to clubs and music events.

Figure 7: Drinking and getting together is a popular pastime



These activities are not without commentary. A recent party I attended in Yogyakarta was called to a very swift halt after a local fundamentalist Moslem group was called in to bring an end to what they viewed as unseemly behaviour. Although the hosts had village approval, agreed to finish at a certain time and involved the neighbourhood in the running of the very casual event, the sight of young women dancing, drinking and mingling with young males would simply not do. Consistently nightclubs are also raided by such groups with similar agendas forcing many businesses to temporarily close down. Many of the above mentioned forms are regularly to be found in both television and print media.

Sinetron models

An examination of how women are represented in the media, in both traditional and modern narratives and the way in which certain socio-sexual categories and arrangements are privileged will tell us much about the kind of nation that is ultimately imagined. The female in Javanese literature and modern forms of entertainment such as television and

magazines have defined and continue to perpetuate the ideal image of the Javanese woman. In traditional discourse her appearance must match her demeanour, the approval of her male partner of foremost import. The appearance of the modern female must also align with her socio-cultural status. She is encouraged to be pale with popular whitening products. She must be tall and respectfully fashionable. She was/is expected to be an obedient, attentive wife and a loving and devoted mother (Abdullah, 1997: 7). Idealised notions of femininity, purity and devotion are all characteristics that “a good Javanese woman should aspire to” and traditional ideals continue to determine and dominate how she is to be represented in the media (Djamel, 1996: 240).

Modernisation of the mass media has only to a small degree involved a re-evaluation of gendered stereotypes; ancient models still reverberate today. The stereotypical image of the ‘woman-as-wife’ is found on huge family planning boards, in the proliferation of women’s periodicals, in *sinetron* and film. In contemporary Indonesia the mass media plays an influential role in the reproduction of feminine stereotypes. The most commonly seen images are that of the housewife preparing meals for her middle-class nuclear family on shiny white appliances, or as an attractive adjunct to the stressed out businessman (Abdullah, 1997: 20). Popular periodicals, advise young women on how to be good mothers and supportive wives, and although these kinds of magazines are not unique to Indonesia, some magazines focus solely on these concerns.

TVRI, along with most television networks, produce *sinetron*, popular television drama or ‘soapies’ and a quick glance indicates that the majority of *sinetron* which often deal with families and the home, and in that setting they also deal with the role of women. Aripurnami’s paper “Whiny, Finicky, Bitchy, Stupid, and ‘Revealing’: The Image of Women in Indonesian Films” (2000) illustrates the stereotypical nature of female portrayals in Indonesian cinema. The feminine models Aripurnami identifies lack emotional integrity, stoicism and resourcefulness and are frequently, “stupid, quick-tempered, ‘sappy’ and too talkative” (2000: 59).

The autonomous woman in Indonesian film and *sinetron* are a threat to the sanctity of the familial realm; she is feared and demonised. A woman cannot stray too far from home and hearth, “lest her husband turn to another woman who needs him more” (Aripurnami, 2000: 53). Consistently, “portrayals of independent women, if any, always become portrayals of women going against social reality” (Brenner, 1995: 59).

From personal observations, female roles in both *sinetron* and cinema are restricted to positive and negative extremes: the subordinated, very religious and pious, almost ‘beaten to submission’ housewife versus the wealthy, conniving, manipulative step/mother in law figure. The femme fatale, morally-lax, vindictive, feminine predator and the asinine, penny-wise, rumormonger neighbour. Essentially, these models are based around “the polarised images of dependent, devoted wife and wild temptress/widow witch” (Hatley, 2002: 132). The models are easily identifiable to any Indonesian and regularly interchangeable.

The model of the dedicated and organised ‘housewife’ proliferates in women’s magazines and television commercials, and is arguably reminiscent of the ‘June Cleaver’ images of the 1950’s in the West. To most married women the feminine examples and issues promoted by the mass media are quite removed from the empirical reality. To the bulk of modern Javanese women, the idea of the ‘housewife’ carries specific implications about economic status: if the wife is not working it is an indication that her husband has a good enough position to support her and the family. Being a ‘housewife’ in the Western sense is a middle-class privilege, usually indicating that one is free to choose to stay at home (V. Hull, 1979: 20). It is interesting to note that the staff who generally produce magazines directed at females are predominately women. It seems modern Javanese women also work at ensuring that these age-old stereotypes maintain their meaning (Tomagola, 1992: 5, Brenner, 1998: 21).

Fantasy and phantasy

The sexual in Indonesian culture was consistently in the past restricted and attached to a specific aesthetic realm and somewhat ethereal, whether it was to be found in literature,

artistic expressions or reflected in the nude carvings of religious monuments. Indonesia has never really been 'porn-free' and the foundations of an Indonesian pornographic culture emerged in the 1950's long before the introduction of the inorganic Western model material. Nevertheless (and not surprisingly) these forms were hastily quashed and prevented from developing into something more sophisticated or provocative. Although later followed by various mild pornographic literature in the form of 'girlie magazines' in the 70's, home grown pornography all but disappeared in the 1980's due to intensive morally-driven government initiatives, only to be replaced by foreign import (Gatra, 1999).

The spread and popularisation of foreign produced pornography is inextricably linked with the spread of computer-based communication and the development of the entertainment media. The introduction of the video player and rental films enabled the individual to view pornography in their own home. In more contemporary situations, although the government was able to restrict the availability of rental pornographic films, they appeared to be unprepared for the accessibility and range of media on the internet. In this sense, the popularity of internet pornography was indicative of a new and developing cultural paradigm, and in spite of this clear demand for variety of "sexual phantasy stimulants" (Barker, 2003: 59), the production of indigenous textual and visual pornography remains to be consistently restricted by the pervading authorities, existing traditional aesthetic and cultural predicament.

The photographic content of the numerous popular male oriented tabloids is perhaps reminiscent of the 'page 3' girls found in the Australian media. As opposed to the topless females in the West, in Indonesia the use of the bikini is common. The busty girl poolside, pendulous breasts piling over her ill-fitting swimsuit and provocative expression is the norm. The photographic material, usually in conjunction with interviews laden with sexual innuendo, indicates a desire to push the boundaries of what is legally acceptable and supply the public's demand for ever more explicit and provocative materials.

Within these tabloids, the reader can also peruse articles pertaining to a number of familiar themes. However, unlike the *Playboy* of the Western world, the textual content of these

publications are not of the same ‘intellectual’ caliber. In these periodicals, the articles cover a variety of topics, usually those connected to sex, violence and the supernatural. These articles are largely graphic and shocking and often juxtaposed with extremely questionable and inappropriate visual material. Stories of gang rapes, pedophilia, sexual and organised crime are common themes. Frequently, one can also find stories of ‘crimes of passion’ such as articles where husband murders wife because his wife has had affairs/denied him sex. Others are concerned with rape: village *dangdut* star raped after performance, hauntings by sexy ghosts and sex-crazed Westerners. In this context, undomesticated sex continues to be portrayed as allusive, immoral, misogynistic and potentially violent.

Girls on film

Although it has taken notions underlying Western-made porn to facilitate the growth of a porn ‘industry’ in Indonesia, it is important to concede that Indonesia has a uniquely indigenous pornographic product which possesses its own socio-sexual dialectic.

Indonesian soft core pornography is predominantly released on the video ‘black market’ and regularly much hyped-up. This ensures the film sells out and gains extensive publicity from the media. The moral concern from other parties makes it extremely sought after material. Some argue that the apparent sexual promiscuity and sexual violence amongst Indonesian youth, especially relating to young females, is also attributable to the accessibility of pornographic material, indigenous and otherwise, rather than just Westernisation (Sindhunata, 2003).

Contrary to popular belief, pornography is very easy to obtain. If the buyer knows a certain ‘codeword’ or phrase they will be promptly handed the latest release. Both young women and men that I have spoken to admit to buying or at least watching porn, and the choice of porn as a form of entertainment was not reflective of one’s socio-economic, educational or ethnic background, nor their seemingly conservative appearance.⁴⁴ Pornography as a

⁴⁴ One of my focus groups was made up of very conservatively dressed Moslem women who happily admitted to watching porn. They put me on to several of the titles I review in this section.

recognised cinematic industry is illegal so the majority of available porn in Indonesia is voyeuristic, documenting the relationships of real couples, consistently unbeknownst to the players.⁴⁵ Rarely is a film scripted with an identifiable plot.

One of the most popular ‘underground’ Indonesian pornographic films, *Bandung Lautan Asmara* (2001), is about the sexual intimacy between a young student couple in a rented hotel room. Although the film was produced with mutual awareness, the sexual documentary was released without their permission, so that the viewer feels much like a peeping-tom rather than participant. The reaction of the public was mixed. It focused more on the clear and uninhibited nature of their sexual relationship rather than the fact that they were obviously betrayed by an acquaintance and were unmarried.

The film begins with what appears to be a small party of friends, eating fast food and watching television in a smart-looking hotel room. After the friends leave the two explore their relationship and time alone with youthful abandon, creating a situation wherein the viewer feels uncomfortable to say the least; the intimacy between them is tangible and very real.

The most complicated and confronting of recent indigenous porn is entitled *Gadis Baliku*. The male player of the film is a Westerner — white, a symbol of power, sophistication, money and knowledge. The girl is a young sex worker whose reluctance and fear is perceptible throughout the series of almost violent sex acts. A film of similar vein that I was unable to obtain relates a similar story but the young female wears a Moslem veil, *jilbab*, throughout the sexual interaction.

⁴⁵ The introduction of the camera phone has facilitated greatly the production and dissemination of ‘voyeuristic’ pornography. 3 or 5 minute films can be captured on a camera phone without the knowledge of those being filmed and can be easily uploaded to the internet. Recently whilst sitting on a popular beach in Bali I noticed a couple having sex, sheltering under a tree. The man was a seemingly older foreign male and his partner a young Indonesian female. Not a long distance away were two Indonesian men filming the interaction from a camera phone, which was identifiable by its small flashing light. Feeling sympathy for the couple I called out from a distance: the girl quickly fled and the man mortified, tried to regain composure. After discussing this with several locals I discovered that there was a pornographic syndicate working the beaches of Bali, waiting to document unsuspecting couples and attractive sun bathing foreign females, to upload to the internet. Apparently, collections of these short films can also be obtained in DVD form.

Casting Iklan Sabun/9 Artis, (June 2002) documents the falsified casting of a shower soap commercial. It begins as most other casting auditions would. The girls involved are interviewed by a mature male voice that mumbles from behind the camera, and, as requested, they proceed to take their clothes off. The girls believed this to be an audition for a real commercial, and although most appear to feel embarrassed and uncertain, they obey the instructions. It was reported that the girls involved conceded in retrospect that they felt uncomfortable and suspicious during the audition. But as is reflective of gender relations in Indonesia, they submitted to the wishes of the male authority in power at the time, in this case the 'director'. As with *Lautan Asmara*, the film created public sympathy for the unwitting, naïve young girls involved. Nevertheless it was extremely popular and sought after.

Ganti Baju follows a similar clandestine filming mode to *Iklan Sabun* yet disregards the rights of the actors to a greater extent. The film is recorded from behind a two-way mirror in a celebrity change room where very well known models/TV personalities were trying on an outfit required for an audition. Indonesia is known for its obsession with the cult of the celebrity and this is more than indicated in the numerous infotainment programs that run almost daily on Indonesian television. In infotainment shows, relationship models of both major and minor celebrities- who is getting divorced, married, engaged, who is dating who- and their seemingly hedonistic lifestyles are of constant intrigue and regularly found in public discourse. With this in mind, it is not surprising that this particular film provoked intense attention.

The bathroom activities of these unsuspecting famous female subjects are not just sexually intriguing, but very invasive; footage of these women squeezing pimples, picking noses and urinating. The models involved were publicly shamed not necessarily due to the nude segments but owing to the footage of their bathroom behaviour. The very famous sex bomb-starlet, Titi Kamal, was ridiculed as after urinating she dried herself with her bathrobe.

Butche and femme: the ‘L’ word in Yogyakarta

Public representations of non-normative gender identities privilege male non-normative gendered and sexual identities in popular discourse concerning lesbianism and transgenderism in contemporary Java. This was indicative in the popular pastime of my organisation in Yogyakarta, which generally involved discussions deconstructing the concept of ‘sexuality’. Debates concerning what motivates an individual’s sexual proclivity and sexual identity and the feasibility of a wholly heteronormative society were regular themes.

During these discussions it became evident that heterosexual behaviour was regarded as the norm and all other sexualities deviated from traditional Javanese socio-sexual mores. Representations of male transgenderism, in the popularised traditional form of the *waria* or less sympathetically, *banci*, and male homosexuality in comedic *sinetron* are common. Public expressions of male gay behaviour are becoming relatively common sights, albeit in restricted and accepting environments. Many of my colleagues and others engaged in dialogue concerning alternative sexual identities were able to articulate and intellectually comprehend such a proclivity but when encouraged to try to understand it on an emotional, spiritual or personal level many found it very difficult to reconcile.

Public expressions of homosexuality have often brought about extremely negative and, on a number of occasions, violent reactions. Several years ago the gay community in Yogyakarta held a national event at a villa in the mountain recreational area of Kaliurang (Pramodhawardani, 2004: 70). The event was a gathering of representatives from gay communities across the archipelago and supporters and friends of the community, in recognition of World AIDS Day and other moments related to the international gay movement community. Although the event was passive and relatively subdued, it was stormed by an Islamic fundamentalist group, the *GPK*, *Gerakan Pemuda Kabah*, and participants attacked and injured. The event pushed many members of the gay community back into their socio-culturally imposed proverbial ‘closets’ in fear of future retaliation.

Yogyakarta has a relatively vocal and accepted gay male community, but in contrast to parts of Jakarta, perhaps, lesbians are invisible. Although I worked with and knew of a number of openly gay (and some not so open) young women, it seemed that in Indonesia, like many societies around the world, lesbianism is not as 'accepted' as male homosexuality. The logic behind this is that the *kodrat* of a Javanese woman is predetermined and therefore lesbianism goes against all understandings of "morality, religion, norms and normality"⁴⁶ (Pramodhawardani, 2004: 79). After a number of informal discussions with my colleagues and after experiencing a handful of female acquaintances 'coming out'⁴⁷ to me, I encouraged my organisation to develop a kind of 'collective', a forum or space wherein young lesbians can gather and celebrate the same degree of autonomy that the male gay community were experiencing at my workplace.

With the support of my director we held the first of many discussion groups, in order to understand what the concerns of young women contemplating their sexuality were. Over some weeks the discussion groups grew, including high school girls and young women from outside of Yogyakarta centre. A few of the braver young women shared their 'coming out' experiences and talked about the rejection they felt which is often attendant to 'coming out'. Of immediate concern to these young lesbians was what form of external and lesbian identity they were to take, "butche", masculine, tomboy and 'tough' or "femme", feminine or closer models of the traditional gender ideology. "Butche" lesbians had very strict dress codes: male attire, short, cropped hair, piercings and would smoke, swear and perhaps were considered to be more courageous.⁴⁸ "Femme", adopt the appearance of their heterosexual sisters, long hair and other popular female styles and trends, and consequently their sexual identity is more difficult for the public to decipher.⁴⁹

⁴⁶ "*persoalan lesbian di Indonesia masih dianggap sebagai sesuatu yang erat bersinggungan dengan moralitas, agama, norma dan kenormalan*"

⁴⁷ 'Coming out' is usually understood as the process of proclaiming one's sexual identity, primarily to a family member or friend. Fear of rejection, negative reactions and sometimes physical abuse, causes many people to keep their sexuality secret. The young women who 'came out' to me perhaps did so as they knew of the concerns of my organisation and I was a relative outsider.

⁴⁸ "*yang lebih laki-laki*", 'more like a man', as one girl explained to me.

⁴⁹ For an in-depth and fascinating analysis of young lesbians and butche/femme discourses in Yogyakarta see, Wright Webster, 2008.

What concerned these young lesbians was which form of lesbianism to adopt, 'butche' or 'femme', and they consistently complained about the rigidity of those lesbian models and the amount of time and money needed to perfect such 'ideals'. I shared with them my experiences with the lesbian community in Melbourne and explained that the rhetoric of 'butche/femme' appeared to be no longer on the Western lesbian agenda. The fact that which 'lesbian identity model' to adopt was a real concern to these young girls is reflective of the Javanese preference and predisposition to seek out 'sameness' and find comfort in recognised and perpetuated behavioural models. Although within the alternative lifestyle discourse of lesbianism, these young Javanese women still sought out a sense of gender conformity and this was still elemental to these young women's appropriated identity.

I was very impressed by their courage and tenacity. Gay men in Yogyakarta have environments where they can get together and meet other gay men, such as nightclubs, coffee shops and malls but young lesbians intimated to me that in Yogyakarta to meet other girls one had to use the clandestine medium of the internet, and make an arrangement to meet. Acknowledging this, my organisation held an event, 'L Afternoon' (deliberately choosing an abstract name in order to avoid unwanted attention), an afternoon for lesbians from in and around Yogyakarta to come together in an informal and welcoming context, with acoustic music and film screenings.

Figure 8: 'L Afternoon' leaflet that was distributed all over town.



Over a hundred young women came, some from as far as Jakarta, indicating that in spite of existing obstacles and an unaccommodating cultural environment, there is perhaps a growing space for young women to feel more empowered and assert their own sense of sexuality, even though it may go against the endorsed gendered sexual ideology.

***Kespro*⁵⁰ and public health**

An apparent sociological/demographic trend in Indonesia is increasingly delayed marriage age. This has engendered a number of social issues (IRRMA, 2004: 31). Utomo (2005) explained that although young men and women are marrying later and choosing their own

⁵⁰ "*kespro*" was an abbreviation regularly used by my organisation, meaning "*kesehatan reproduksi*", reproductive health.

marriage partner, traditional behaviour norms based on the sanctioned gender ideology were still employed. This, however, differs from gendered social interaction in the past, where a woman was married off by her parents and the union binding. According to Utomo, in contemporary situations, young women are adopting more experiential attitudes towards partner choice:

In line with the mores of their elders they want to be 'marketable' but not too inviting, willing to be involved in a relationship but also willing to take the risk of the relationships' ending. (2005: 102).

Young women have begun to imagine lives not necessarily confined to family and marriage and childbirth. The popularisation of these experimental models, albeit arguably restricted to urban/middle class contexts, has caused a delay in marriage age of over a decade and increased the likelihood of sexually transmitted disease, the experience of unsafe abortions and even HIV (Utomo, 2005: 72). A number of my colleagues said that young people, young women in particular, were not necessarily prepared for the consequence of changing socio-sexual mores and not equipped with the sexual and reproductive health knowledge to deal with unwanted and complex socio-sexual predicaments, for example contraception issues, unsafe abortions and a number of behaviours that may endanger young women such as date rape and domestic violence.

Sexual interaction outside the bounds of marriage contravenes traditional socio-cultural mores concerning sanctioned (within marital union) behaviour. The existence of unmarried pregnant women and girls therefore poses unique problems for reproductive/sexual health workers and public health stake-holders alike. According to 'renowned' celebrity gynecologist and reproductive health therapist, Dr Boyke, between 16-20% of Indonesian youth that had sought consultation with him had carried out premarital sex. In his opinion, this was brought about by the influx of Western behavioural models that engendered sexual permissiveness (Prabasmoro, 2004: 97).⁵¹

⁵¹ *"Hal itu juga terjadi, menurut dr Boyke, akibat mengalir deras nya kebudayaan Barat yang masuk ke Indonesia"*

Changing socio-sexual mores have not only brought about a change in sexual behavioural models that conflict with the traditional ideology, but has to some degree endangered young women, who at disclosure of pregnancy may be forced into marriage at a young age forced to face extremely risky pregnancy termination methods and social and familial ostracisation. If a young woman is found to be pregnant outside of marriage or even whilst still at school, a hasty marriage will often be initiated. This phenomenon is known as MBA, Married By Accident, and once again it is interesting to note the English terminology used for an Indonesian construct.

If a young woman is forced to take responsibility for the unwanted pregnancy herself, due to either lack of support from the male or the familial realm, or owing to feelings of guilt and shame, she will often seek the services of an unqualified abortion provider.⁵² It is estimated that up to 2 million abortions are carried out by unmarried women annually in Java (Hull, 2005: 174), many of which are carried out by traditional birth attendants, or *dukun bayi*. Traditional abortion methods range from the dangerous to the bizarre: jumping up and down, eating unripe pineapple, massaging of the pelvic area, or drinking poisonous concoctions. A number of doctors do offer terminations in Yogyakarta (albeit in an extremely clandestine manner) and use expensive, outdated methods with no post-op care.

⁵² In early March 2009 two young men were arrested for carrying out abortions in a hotel room in central Java. These men learnt of abortion procedures on the internet and charged each patient around 2 million rupiah.

Figure 9: Posters advertising “menstruation inducement methods” are to be found all over Yogyakarta.



Young women experiencing unwanted pregnancy will generally present at a *dukun bayi* rather than an untrained abortionist for cultural reasons rather than a preference for the methods used. From my observations, many young women will consult a *dukun bayi* because she is usually cheap, uses familiar methods based on humoral traditions that are less interventionist and less medical. If paid a bit more the *dukun bayi* will most likely uphold a code of confidentiality, which will play an essential role in the future predicament of the woman. Having pre/extra-marital sex and/or an abortion contradicts with faith-based and traditional moral conventions and may potentially deem a woman un-marryable.

Younger generations of Javanese women are currently facing unforeseen and problematic issues, issues relatively unknown to earlier generations. Changes in forms of social relations and interaction regularly engender the transformation of socio-sexual morals and values. The prevalence and ever-increasing evidence of unwanted pre/extra marital

pregnancy, anecdotally rising rates of abortion, popularisation of pornographic genres and socio-sexual experiential models are all indicative of changing mores and pose a challenge to the traditional cultural ideologies, and perhaps also too to the power brokers of nation-building. It is evident that young Javanese women are more active in the diversifying arena of socio-sexual interaction than has been assumed by local authorities, and that is one reality that has not gone unnoticed by public health NGOs and in turn, been popularised by the mass media. These are sensationalised in some, silenced in others and often feared albeit with an element of excitement.

The following chapter will critically assess contemporary discourse surrounding HIV-AIDS in Indonesia, with a particular focus on the current preventative programs being promoted both nationally and in Yogyakarta. An analysis of the existing programs will shed light on how these problematic programs serve to place young women at risk and how the society at large appears to remain ignorant of and fails to acknowledge the changing socio-sexual topography of urban Yogyakarta, and Indonesia on the whole.

CHAPTER 6

FOSTERING VULNERABILITIES AND PERPETUATING MYTH

“Avoiding HIV is not a matter of luck, or of mathematical probability, but of socially learned skills, rooted in collective experience and shared morality”, (Watney, 1993: 26).

In this chapter I will investigate how religious and governmental authorities have looked toward and re-appropriated more traditional socio-cultural and religious norms, particularly those connected with sexuality and gendered roles, as answers to the epidemic. These re-apprehended mores have been imagined to be a means with which to protect the nation body from HIV-AIDS. Regrettably, this has brought about a situation wherein the promotion of family values has taken precedence over the establishment of more appropriate and applicable preventative campaigns (Carael, 1995: 80).

In Indonesia, the real socio-economic and epidemiological magnitude of HIV-AIDS is still considerably unknown. Even though Indonesia is identified as a low prevalence nation, it is also internationally recognised as having the potential to become a high prevalence nation and maintains the highest growth rate in South East Asia (KR, 22/11/2007). Such high receptivity has been attributed to a number of issues: escalated testing practices, poverty, gender inequality, a substantial sex work industry, urbanisation, domestic and international migration, the socio-economic impact of tourism and the “high risk sexual behaviour of members of certain groups of people” (ICR, 2002: 3).

More recently, changing socio-sexual attitudes have compounded the ever-increasing prevalence of HIV-AIDS. The growth of an arguably consumerist class preoccupied with a more modern and perhaps Western lifestyle has caused much collective hand-wringing. In particular, there is also the fear that the development of this young, predominately unmarried urban population will engender sexual liberalism and increase instances of

unprotected pre/extra-marital sex which will thereby lead to high instances of HIV positivity.

The Indonesian government was slow to respond and recognise the disastrous potential of an HIV-AIDS pandemic. This is largely attributable to the fact that many, even those in the higher echelons of authority, viewed HIV-AIDS as a foreign import, associated with sexual transgression and immoral behaviour. Found throughout the bureaucracy there was, and in many ways still is, a great denial about the probability of the virus to spread in a society that imagined itself as moral, good and religious. It is not surprising then that much foreign donor aid was used to promote educative campaigns that sought to propagate notions of familial morality and a narrow interpretation of legitimate socio-sexual interaction, rather than to promote what are widely understood as effective preventative measures, such as 100% condom use or safe IDU needle practices.

Altman (1986: 28) has suggested that the way in which a nation handles HIV-AIDS inevitably reflects the dominant ideology of the society. Government and charismatic authority sought to promote and propagate conservative religious and socio-cultural mores that would in turn prevent sexual promiscuity. Impeding sexually promiscuous behaviour would arrest the spread of HIV infection, so the rhetoric went. Part and parcel of this process was the promotion of values, specifically Indonesian and Islamic or perhaps more generally “Asian”, which were deemed integral to the fight against the HIV-AIDS epidemic. Additionally, but perhaps more importantly, the most cogent factor was that these values were imagined to be in opposition to Western mores concerning sexuality and sexual behaviour.

As a result, popular rhetoric concerning HIV-AIDS has implied that Indonesia was more in danger of pandemic through the intrusion of external and foreign influences, as opposed to any internal, indigenous condition or situation. More recently, there have been calls across the board asking for a revival of traditional familial values to counteract the impact of foreign and “Westernised elements” (KR, 30/12/2007). According to some, this was identifiable in the growing instances of sexual behaviour and sexualities removed from

their condoned and reproductive functions. One social commentator even went so far as to equate rising incidences of pre-marital sexual interaction (free sex)⁵³ with the hedonistic procreative instincts of animals.⁵⁴

Placing the pandemic in historical context

Initially, as HIV-AIDS was theoretically a reproductive/sexual health problem, at the very least in the sense that it could be sexually transmitted, government organisations and institutions involved in reproductive health related issues were unsure about what their role was to be in addressing the most problematic of all sexually transmitted diseases. As a result, with the support of the Ford Foundation in Jakarta, the particularities of implementing HIV-AIDS programs in Indonesia were recognised, and consequently a number of research projects were initiated by the *Jaringan Epidemiology Nasional – JEN* in the mid 1990s (National Epidemiology Network).

The most influential body concerned with reproductive health, *BKKBN*, the National Family Planning Organisation, lacked the philosophical and technical capacities to deal with the encroaching epidemic. It had always limited its mandate and scope in terms of the provision of contraception, predominantly to couples in legitimate unions. In addition, the Ministry of Health, the agency specifically in charge of addressing sexually transmitted infections and the like, are until now renowned for their extremely narrow minded and conservative approaches (personal communications with renowned Indonesian epidemiologist, Professor Dr Wirawan).

Since the early 1950s, the high rates of syphilis and gonorrhea that had previously existed within sex work communities had been successfully controlled by government initiated programs of mass antibiotic treatments, but the advent of a formidable epidemic like HIV-AIDS inevitably posed new challenges. HIV-AIDS could not be controlled by any form of antibiotic treatment. Furthermore, it was reported that some of the groups that were addressing reproductive health infections on the island of Batam and in Jakarta in the early

⁵³ For an exploration of 'free sex' discourses in Java see previous chapter.

⁵⁴ “..*cuek*. Yang penting melaksanakan tradisi kehewananan yakni kawin dan puas.” (Bernas, 3/12/2007).

1990s often re-used disposable needles for injecting antibiotic treatments. In hindsight it is arguable that perhaps this could have even facilitated the spread of HIV-AIDS (Hull et. al., 2005: 45).

Over time instances of HIV-AIDS have been detected in 32 of Indonesia's 33 provinces (see Appendix 4 for latest statistics). The most predominant media of transmission has been intravenous drug use. Nevertheless, it is important to note that in the past year unsafe sex has been identified as the most significant cause. In 1992 Indonesia had only 75 reported instances of HIV-AIDS but there were still serious concerns for the future. In other words, what was being documented was simply the "tip of the iceberg". As of December 2008 there are currently 22664 detected PLWHA across the archipelago (Indonesian MOH Report, 4/3/2009).

Although communicable disease control is under the jurisdiction of the Ministry of Health, there are numerous other bodies that are involved in prevention campaigns and programs. The government bases their initiatives with the following three elements in mind: the agendas and priorities of their public health initiatives, religion, and the pervasiveness of the existing dominant socio-cultural mores. Run under the guidance of the Ministry of Health, *KPA, Komisi Penanggulangan AIDS*, the National AIDS Program, was enacted in 1994 and was formed from a coalition of numerous individuals and organisations that had certain expertise or vested socio-epidemiological interests. The KPA became the central mechanism behind the Indonesian Government's preventative program and until now works towards the attainment of the following objectives: to minimise the impact of HIV-AIDS, prevent further HIV infection and to mobilise unified national efforts. The KPA has also instated administrative bodies on the local and regional level, namely the *KPAD (KPA-DAERAH)* (Hull et. al., 2005: 45).

The Centre for Communicable Disease Control (CDC) was appointed by the Ministry of Health as the body primarily responsible, but it was to be restricted to those communities deemed 'high-risk' — transgenders, sex workers and male homosexuals. It did not extend to the wider interactive socio-sexual and physical relationship networks that, for example,

involved health care providers such as nurses, lovers and, directly or indirectly, partners and spouses. For several years estimates of the socio-epidemiological impact of HIV-AIDS was reported as being rather conservative and slight. Nevertheless, international organisations such as UNAIDS reported that currently there were perhaps as many as 100,000 to 120,000 HIV positive people (Hull et. al., 2005: 46).

Officially, the Indonesian National HIV-AIDS Strategy is based on the following principles and any preventative campaign must be constructed with these guidelines in mind:

- AIDS control is mainly implemented by community participation the government should give directions, supervision and create a conducive environment.
- AIDS control measures should reflect Indonesian religious and cultural values.
- AIDS control should be aimed at defending the welfare of the family and familial resilience.
- AIDS education should be aimed at educating the public in order to prevent HIV transmission and to change high-risk behaviour.
- Every individual has the right to obtain information concerning effective HIV prevention.
- Policies, programs, services and activities should respect the dignity of AIDS patients and their families.
- Counseling should be provided prior to the testing and diagnosis of an individual and confidentiality should be guaranteed.
- Law and regulations should be in line with the principles of AIDS control.
- Public services must not discriminate against HIV-AIDS patients. (Indonesia Country Report, ICR, 2002: 2).

The Principles of the National HIV-AIDS Strategy are wide-reaching:

1. Take religious and cultural values and social norms into account, and strive to maintain and strengthen family welfare and cohesion.

2. Give due attention to the vulnerable sectors of society, including marginalised groups.
3. Respect human rights and give due attention to justice and gender equity.
4. Prioritise prevention through information, education and communication (IEC) and the use of other effective methods.
5. Promote multistakeholder involvement based on the principle of partnership, with the government taking a steering and guiding role.
6. Treat HIV-AIDS as a social concern.
7. Ensure that the response is firmly based on scientific facts and data (National AIDS Strategy, 2003-2007, 2003: iv).

In 1994, the Ministry of Religion officially proclaimed that the aim of its particular long term AIDS strategy would be ultimately to prevent and control the spread of HIV-AIDS and to provide education, public information and religious guidance. Religious faith and familial piety was viewed as a means of reducing ones risk of exposure to HIV infection. The Ministry of Religion stated its position on AIDS as follows:

success in the prevention of HIV-AIDS will largely depend upon our cooperation in returning people's sexual behaviour back to cultural and religious norms and values long held by Indonesian people (Kroeger, 2000: 128).

The decision of governmental bodies concerned with the encroaching pandemic to emphasise and promote what were couched as appropriate and indigenous socio-cultural values and mores was predominately predisposed by political and religious, (and arguably Islamic), pragmatics.

From the first instance of HIV-AIDS in 1987, Islamic leaders confronted the epidemic with a focus more on morality than on an inclusive approach that prioritised either "AIDS education that aimed at educating the public" or emphasised "respect human rights and give due attention to justice and gender equity" (Indonesia Country Report, ICR, 2002: 2, (National AIDS Strategy, 2003-2007, 2003: iv).

Many promoted specific Islamic notions of self-discipline which would serve to protect oneself from negative values and conduct that might lead onto high risk behaviour or activity. More specifically, these emphasised values were strongly echoed throughout Islamic discourse concerning modernity, which stress the adherence to a high morality and to spiritual values, and oppose those that are perceived as facilitating immoral behaviour and/or that valorise self-indulgent individualism and Western consumerism. For many, Islam was a means through which to navigate one's way through potentially questionable moral waters and act as a buffer with which to protect oneself against negative (read Western) influence that could lead to their being vulnerable to HIV infection.

Islamic religious leaders (who were also politically active) had been vocal in "promoting tolerance" and initiated campaigns that opposed discrimination against persons with HIV-AIDS. Nevertheless, other leaders publicly defined the pandemic as God's punishment, or as '*virus laknat*', plague or as a '*kutukan*', an infectious curse transmitted through sexual transgressions, abnormal or deviant behaviour. In a number of reported instances, confusion about the correct manner with which to treat the bodies of those who had died of AIDS related illness led to the refusal of Islamic burials and to occasions wherein serodiscordant couples were denied the permission to marry (Kroeger, 2000: 124).

The instance of the appalling treatment of a deceased transgender PLWHA in Yogyakarta just recently reflected the public health system's inextinguishable and deficient capacity to deal with the epidemic and its sufferers. Health care workers at a locally reputable hospital refused to tend to the body which lay decomposing in the unrefrigerated section of the morgue for several days, as they were terrified of contagion. Needless to say, all HCW in any major Indonesian hospital undergo training on the treatment of PWLHA and modes of HIV transmission. Volunteers at my host organisation chipped in and paid for a humane and respectful burial, though the experience left many disheartened to say the least.

Homosexuality and forms of sex work, as well as other sexual practices which do not align with the promoted and sanctioned model of heterosexual monogamy in the union of marriage were deemed deviant and thereby not compatible with Indonesian (or what were

identified by some as Eastern) socio-cultural norms. The Ministry of Religion also constructed and engendered a kind of “culture of shame” in order to:

reduce the impact of permissive culture especially those that pertain to sexual permissiveness and high-risk sexual behaviour (AIDSCAP, 1996: 6).

Religious leaders also turned their attention to specific groups, for example, among others, migrant workers and members of the armed forces, pleading with errant servicemen to stop “abetting” the spread of HIV-AIDS (*Jakarta Post*, 14/3/2003).

It could be argued that perhaps by calling for a return to traditional sexual mores and strict religious and family values represents in fact more an attempt to “invent” tradition and the promotion of a supposed legacy of socio-sexual conservatism. This process directly involves the proactive reintroduction of particularly conservative notions of traditional sexuality. The newly redefined sexuality constructs neglected to acknowledge Indonesia’s diverse socio-sexual history, excluding any elements that did not align with these purportedly long held norms.

Throughout both Indonesian and Southeast Asian history, the relative ‘socio-sexual freedom’ and high rates of divorce afforded to both women and men is well-documented. The Dutch colonial administration believed that the Javanese in particular were far more relaxed about sexual matters than their European counterparts, to the point that some Europeans commented that the Javanese were in fact “very lasciviously given, both men and women” (Reid, 1988: 153 in Kroeger, 2000: 129). With this in mind, it is contestable to some degree that the call for the return to traditional and indigenous socio-sexual norms, rather represents more of an endeavour to consolidate contemporary conceptions of what those norms should be, rather than a return to any old ones.

Safer sex initiatives: education as key to facilitating change?

Many are aware of Foucault's premise of knowledge is power and the attainment and production of particular kinds of informative knowledge are central to any HIV-AIDS preventative campaigns. Information is liberating and to the fearful citizen, knowledge means information which proves that he/she is safe and will not develop HIV-AIDS. Although not necessarily adopting Foucault's conceptual language, the prolific literature existing on HIV-AIDS reflects his pivotal postulations with its "discussion of 'representational images', 'beliefs', 'health education messages', 'ideology' [and] 'sexual terminology'" (Baylies, et. al., 1995: 199).

In Indonesia specifically, what needs to be taught about HIV-AIDS is constructed in terms of traditional cultural values and shaped by the diversity of its socio-cultural systems. Patton has argued that HIV-AIDS education:

either reinscribes the sexual, class and racial ideologies that are propped up by moralism and science, or disrupts the hierarchical formations of knowledge and opens up space for groups and communities to work out their interrelationships with information they have decided is relevant (Patton, 1990: 105).

The former, either directly or indirectly, clearly colours the agendas of Indonesian HIV-AIDS educators and the programs that they support.

The ways in which HIV-AIDS information is communicated and what health policy makers choose to emphasise vary greatly from one socio-cultural setting to another. Even apparently neutral scientific and biomedical information can be subject to radically different interpretations. The production of effective HIV-AIDS information campaigns is dependent on an acknowledgement of this, particularly in a nation as linguistically and ethnically diverse as Indonesia. Interpretations of public health messages are contingent on socio-cultural practices and educators and policy makers must act as translators,

transcribing the biomedical and epidemiological vernacular of HIV-AIDS parlance into everyday terms, made comprehensible to their target audience.

Information is thought of as the key to behavioural change and therefore, prevention programs usually focus on increasing awareness about modes of HIV transmission and information on how to avoid being infected. However, most HIV-AIDS educators would agree that awareness alone does not lead directly to behaviour change that might reduce risk. Undeniably, interventions that fail to consider the context in which preventative messages are received are unlikely to succeed and may even do harm. This context may be determined by health care priorities, mobility, gender relations, literacy levels, social customs and taboos, and local religious beliefs.

Public health messages are most effective when they are clear and unambiguous and are designed for a specific target population. The approach and language must be fashioned to reflect specific information needs and solutions that are appropriate for different communities, risk probabilities and gender/age groups. With particular regards to sexual interaction and intravenous drug use, it is common knowledge that if safer behaviours can become the norm, then opportunity for infection is limited.

In many other areas around the world, the promotion of safe sex was and still is viewed not as a practice to be imposed on the reluctant, but as a form of political resistance and community building that supports a degree of sexual liberation and encourages the importance of sexual health. Yet in nations where, at least on the surface, only sanctioned and conservative models of sexuality exist and only sexual relationships based on such mores are permitted, the promotion of safe sex, let alone the admission that alternative socio-sexual structures exist, is a highly ambitious and problematic concept.

To date, sex education in Indonesian schools is still limited largely to the biological. Many books have been banned for being pornographic – not only adult magazines, but at times even sex education books aimed at for children (Hill et. al., 2000: 37). Many schools do conduct very abridged versions of informative sex education, albeit from a biomedical

perspective. However, it is important to note that many teachers have complained that it is often the parents of students, not the institutions themselves that oppose sex education. Many NGOs in cooperation with liberally minded teachers continue to try to lobby the government to support a more 'laissez-faire' sex education program that addresses the information needs and interests of the students (personal communications with in-country respondent).

Sexual experimentation prior to marriage is not unusual, yet cultural taboos and the highly charged context of religion and politics makes it difficult to discuss issues of sexuality and HIV-AIDS prevention openly. Many AIDS educators have supported the use of peer-based initiatives in these contexts, wherein the more the images and messages parallel the audience's own lives and living conditions the better. Within peer groups it is evident that sensitive topics can be discussed in open, frank and explicit language often using colloquialisms and locally-specific expressions, helping dispel myths and misconceptions about body functions, while also "clarifying sex differences and gender roles" (Brand, 1997: 296).

Although there are some experiential peer interventions run by NGOs, young Indonesians' ability to access meaningful risk prevention materials in the existing restricted economy of facts continues to be controlled by adults. HIV-AIDS education advocates argue that neglecting to promote health initiatives that address sexual health, sexuality and safe drug use education for young people is 'morally bankrupt'. Secrecy about such matters has engendered the belief in many youth that only "dangerous" and questionable people need to know about safe sex (Fuglesang, 2002).

Characterising NAPS programs in central Java

National AIDS Programs (NAPs) are made up of "people, structures and resources" and should be, to varying degrees of success, a combination of collective actions and bodies that take place within the boundaries of a nation and the existing national governance. Effective NAPs should have an overall plan, a management and coordinated structure, a

budget, a monitoring and evaluation capacity. Campaigns, projects and actions may involve governmental institutions and agencies, NGOs and often the private sector.

The primary responsibility of any NAP is to ensure that those who are at risk of infection can acquire and are assumed methods with which to protect themselves. Alternatively, the people who are affected should also be empowered with a means for their own protection and well-being. Therefore, there is decisive interaction between the society, the individual and the program. NAPs should be capable of supporting and sometimes endorsing positive behavioural change in individuals and in health initiatives, as well as promoting changes in “dysfunctional social structures”. These programs should also be able to adapt and conform to transforming societal pressures and other developments.

NAPs program managers and their key staff are consistently characterised as dedicated, young and overworked, often working for pittance or for no remuneration at all. Depending largely on funding from overseas power brokers, workers in developing countries often experience a lack of morale and burnout resulting from the constant wait for follow up funding resources and frequent mismanagement. From the first instances of the pandemic a diverse array of HIV-AIDS-related projects and policies has emerged. Even in regions and areas, industrialised democracies and states in particular, which arguably share certain societal, economic, historical, religious and cultural characteristics, the responses have varied widely (GAPC, 1992: 279).

HIV testing and counseling is now recognised as a priority in national HIV programs because it forms impetus for appropriate HIV-AIDS prevention, care, support and treatment interventions. The majority of sero-prevalence testing in Indonesia is currently done through generalised or community concentrated sero-surveillance, and VCT, or volunteer counseling testing, known in Indonesia as ‘*VISITY*’. Across the board there are many problems that arise by predominately testing HIV with the VCT program, the foremost it being a volunteer program therefore statistical representations are naturally incomplete. However, many other issues are unique to Indonesia.

Currently, in order to ensure access to HIV testing for large populations and to facilitate access to antiretroviral treatment in the context of the WHO “3 by 5” (3 million PLWHA to receive free treatment by 2005) HIV-AIDS initiative, radical scaling up of HIV testing and counseling services has been occurring. According to the WHO, the practical advantages of the introduction of rapid tests for HIV testing and counseling are as follows:

increased numbers of people benefit from knowing their HIV status; there is an increased uptake of results by people being tested; test results are obtained quickly; and less reliance is placed on laboratory services for obtaining the results (WHO, 2004: 6).

Testing for epidemiological mapping purposes is also extremely political and problematic. Although conducting sero-surveillance provides policy makers and funders with an overview picture of HIV growth rate, and more often than not victimises the participants in the study. Many advocates question the efficacy of specifically testing marginalised communities as was demonstrated in Yogyakarta (2006) wherein sero-surveillance was conducted specifically within transgender and street youth communities.

Many thought the testing quite reprehensible and representatives from transgender communities speculated about the agendas of the doctors carrying out the testing declaring that the organisations supporting the testing failed to fully ensure that the volunteers understood the objectives of the study. Members of the transgender community argued that conducting sero-surveillance with indiscriminate random sections of the populace would be far more epidemiologically representative. Consistently conducting sero-surveillance in marginalised communities perpetuates notions of social otherness and further disempowers groups that already face an inordinate amount of daily discrimination (personal observations during an FGD sharing the results of this research).

In January this year (2009) I participated in a sero-surveillance study of sex workers in concentrated populations in parts of southern Bali. Working alongside the MOH we obtained roughly 500 blood samples and produced a 17% positive result, a significant leap

from the previous study (14.5%, 2007). Many of the sex workers were very upset by the testing and complained of feeling sick and experiencing dizziness. In one particular area, where sero-positivity is high and the sex worker population severely socio-economically disadvantaged, several women fainted and now refuse to participate in future studies.⁵⁵

There is also much internal confusion about to whom HIV-AIDS statistics must be reported. Some provinces do not have access to effective testing equipment consequently data is consistently misreported. Agencies have complained that they often have to “guesstimate” statistics and practice minor number manipulation if figures don’t match up. As most cases reported come from *VISITY* results the real epidemiological magnitude of the pandemic is not yet sufficiently documented. Many smaller NGOs have bemoaned the policy of certain international funding groups that insist on the retesting of PLWHA as not only does this add insult to injury it also frequently leads to double case reporting (personal communications with *VISITY* facilitator).

Results of sero-positive individuals are regularly publicised and often in the instance of HIV positive sex workers they are told to stop working and return to their place of origin. On several occasions the confidentiality of sero-positive individuals has been ignored with the publication of photos and personal details in magazines and newspapers (Kroeger, 2000: 49). Furthermore, as the majority of antiretroviral drug regimens known to improve the life of PLWHA are not yet obtainable in several regions in the archipelago, the ethical agendas of the motivation of encouraging people to be tested for an illness for which treatment is unaffordable or unavailable is arguably also questionable.

⁵⁵ Those responsible for the study dismissed the complaints, claiming their concerns were merely ‘*sugesti*’, brought on by the power of suggestion. The sex workers in this site have had a very tenuous relationship with HIV-AIDS educators from my current organisation, believing them to be bringers of illness and bad luck, “*pembawa sial*”. Before the location was included in our outreach work, according to them, no one ever fell sick of something as foreign as HIV-AIDS; most malaise healed by their traditional healers, *dukun*, in Java. Since the workers established a relationship with the place, many have been diagnosed as positive, or with detectable STIs, but due to relatively low education levels, high dependence on black magic and a rather understandable suspicion of modern medicines and the like, few have sought treatment. In their eyes, the organisation has brought ill-health and death to their neighbourhood, furthermore believing the recent deaths of a number of positive sex workers was attributable to this, not the reluctance to adhere to ARV therapy or low comprehension levels of the virus.

***Jam karet, kondomisasi, birokrasi and politik:*⁵⁶ issues compounding the implementation of effective preventative programs in Java**

Since 1994, ‘education’ and ‘prevention’ have been the stated goals of the Indonesian government’s National AIDS Program. This strategy, involving NGO’s, governing bodies and the civil society, implied an initial willingness by the government to confront the ever-growing impact of the pandemic. Nevertheless, these strategies have yet to fully live up to their promise, some arguing that they simply represent yet again the government’s arguably recalcitrant attitude towards health policy and legislation. In addition, as Indonesia is experiencing a transition from a centralised to a decentralised bureaucratic administration system, the nation faces a multi-dimensional problem that indirectly prevents the full-scale implementation of the National AIDS Prevention program.

Many have commented that *LSMs* (NGOs) in general have low overall expectations of the state, both with regards to financial aid and technical support (Eldridge, 1997: 202). Furthermore, NAPs have recognised the fact that aside from a lack of funding, other issues affect appropriate dissemination of effective preventative programs. These include linguistic and ethnic diversity, socio-cultural mores that decry the promotion of 100% condom use and ineffectual inter-sectoral coordination (ICR, 2002: 7).

International donor funding has played a huge role in both government and non-government responses. NGOs and the larger BINGOs (big international NGOs), often have multiple agendas, and not only do they provide financial aid they also often extend to the provision of technical expertise and assist with ‘capacity building activities’. Many activists and individuals working with HIV-AIDS prevention protest that within the current government NAP initiatives the rhetoric is expansive but the action limited and unrealistic and clouded by an aura of apathy (*Jakarta Post*, 2/12/2003). Others have stated that economic constraints, a dependency on foreign aid, low education levels, the feminisation

⁵⁶ ‘*Jam karet*’, literally translated as ‘rubber time’, alludes to the reportedly commonly lax attitude of Indonesians towards effective time management. ‘*Kondomisasi*’, ‘*birokrasi*’ and ‘*politik*’ are vernacular based on Western terminology. These are all common-place issues that act as obstacles in the efficacy of HIV-AIDS programs.

of poverty and the restrictive and conservative requirements of the American donor agency, for example, USAID,⁵⁷ contribute to this situation (IRRMA, 2004: 43-44).

Many involved NGOs do not know in detail the official specifics of the goals of Indonesian NAPs, and in many circumstances, even if grass roots NGOs are aware of the agendas of the NAPs (particularly those that provide counseling or support for homosexuals and transgenders) they are often, with arguably good reason, wary of interacting with a state that has a long history of oppressing activism and suspicion of any organised bodies that might uphold 'subversive' elements. Covert forms of extortion (for lack of a better word) have been reported along with cases of local officials bribing community workers out of portions of internationally derived financial aid. On other hand, the entrenched climate of corruption on all levels of bureaucracy in Indonesia has also facilitated incidences where aid workers have themselves embezzled money (personal observations during in-country field work).

Leading the HIV-AIDS prevention program in Yogyakarta is *Lentera Sahaja*, an adjunct to PKBI, the Indonesian Planned Parenthood Association. As the fight against the spread of HIV in Yogyakarta is primarily led by this organisation, the problems facing it are perhaps indicative of the inefficacy of the National Prevention Program at large. Classic mismanagement issues, funding shortages, in house fighting (*politik*) are everyday obstacles for the largely young underpaid (if at all) and overworked staff. Whilst conducting in country fieldwork I was privy to much personal information concerning the private agendas of individuals working with *KPAD* (*KPA-DAERAH*) and the *KPA*. There is much internal conflict amongst members of the *KPAD* and *KPA*, the majority of whom work as volunteers with organisations that focus on aspects of the epidemic, for example with PLWHA, and they constantly face an upward battle trying to negotiate their own programs with the government initiated ones.

⁵⁷ At the time of writing, USAID does not condone interventionist prevention initiatives such as needle exchanges and does not promote 100% condom use programs.

Figure 10: World AIDS Day, Yogyakarta, 2007



Many individuals who work with and/or for *KPAD/KPA* initiatives are not aware of the actual principles driving the coalition and there is much disagreement about the fundamentals of the guiding principles, right down to the wording of particular statutory declarations. As most members are volunteers, often doctors, public health workers, activists and the like, and participate in *KPAD/KPA* activities in their own time, many comment that volunteer fatigue is inevitable, especially with regards to their wageless predicament (*hanya orang “gila” yang mau bekerja bertahun-tahun di KPA/KPAD tanpa digaji*).⁵⁸ Many individuals I worked with used their own money for photocopying and the like, fully aware that compensation would not be forthcoming.

The more conservatively minded groups often conflict with the reportedly radical ones and stubborn in house power plays inhibit the full dissemination of local and national initiatives. Many groups have commented that officially recognised programs leave little room for innovation and let atrophy the more innovative grass roots programs as they do

⁵⁸ “only a madman would work at KPA/KPAD for years without a wage”.

not align with traditional models or are unable to be evaluated by traditional or statistical methods.

Several of my colleagues in the HIV-AIDS NGO community complain that the *KPA* and *KPAD* are empty political bodies and that any real action is carried out by individuals and without the assistance of any official support. There is also much confusion as to the role and specifics of the groups and the extent with which they are able to lobby the government and international NGOs and/or answer to and work within the guidelines of the Health Department. There is also much confusion concerning how to report HIV-AIDS statistics and to whom, and who is entitled to financial support and the reasoning behind such decisions and so on.

A major cause of in house conflict is the receipt and distribution of funding, and how openly expenditure is documented. Some groups have been accused of funding mismanagement that has naturally soured previously productive working relationships. Other groups have been accused of failing to participate regularly and only appearing when funding is being discussed. There is currently debate about how much legal hegemony the coalition has in the decisions it makes and to what extent they, as a political body, can influence legislature. Many volunteers feel frustrated with the lack of concrete infrastructure and the apathetic attitude of some of the top officials. Nevertheless, despite their lack of resources and the agendas of internal conflict, the majority of the individuals I worked with and/or whose activities I witnessed were highly motivated and dedicated individuals whose persistence and tenacity in the face of many obstacles was very inspiring.

There is very limited clinical and palliative support from the medical sector. Practitioners are generally not well-informed about how to treat and manage AIDS patients and are unable to access effective medicines for care-based management. Although many hospitals make orders for anti-retrovirals in advance supplies often come too late or are incomplete and orders not sufficiently or accurately met. On occasion it has been reported that

pharmaceuticals supplied to Indonesian hospitals from international organisations are inappropriate, expired or of poor quality.

There are other reports of medicines meant to be available free to the public being sold to the needy by health care providers. Conversely, international organisations reply that the apparent shortage of ARV is attributable to the fact that they rarely receive complete data with which to sufficiently identify the numbers that need access. On top of this, they complain that much epidemiological data arrives late with follow up reports rarely being carried out. Many local pharmaceutical companies are able to produce certain vital anti-retrovirals and medicines but this often takes time and much bureaucratic red tape. Furthermore, in rural and isolated areas access to clean water and rudimentary health services, let alone effective dissemination of ARV treatments, is a major issue.

Many individuals whose HIV positive status was made public have had to face stigma⁵⁹ and inexorably abhorrent treatment from their surrounding community, this resulting largely from a lack of available information pertaining to modes of transmission. One man was reportedly handcuffed by his family and placed under 24-hour watch with a security guard. A young female sex worker was banned from a rehabilitation center after her positive status was known. Another banished from her village home for fear of bringing 'bad luck'. The family of a deceased AIDS patient burnt his bed after he had died and wrapped his body in plastic. Hospitals will reportedly reject palliative treatment or health care workers fail to bathe deceased AIDS patients which demonstrates a severe dearth of educative HIV-AIDS information in the public health community (*Jakarta Post*, 1/12/2002).

Most infamously in 1995 a well-known Islamic organisation officially declared that HIV-AIDS was God's punishment for transgression. Church communities have also reportedly ostracised PLWHA members and ministers and priests have been known to deny individuals of their last rights (*Jakarta Post*, 8/3/2004). There have also been reports of health care providers refusing to care for or treat PLWHA and PLWHA experiencing

⁵⁹ The word stigma is of Greek origin referring to bodily signs designed to expose something unusual and bad about the moral status of the individual (Bond, 2002: 35).

varying degrees of serious discrimination. Stigmatisation concerning *VISITY* has also been documented wherein a doctor purportedly commented that he based his approach on an assessment of whether his young female client appeared to be a 'naughty' (*nakal*) or a 'good' woman (Widyantoro, et. al., 1996: 239).

Condomisation

Goldstein et al. has argued that safe sex campaigns frequently neglect to acknowledge the reality of many women's circumstance and commented that:

safer sex campaigns that urge women to just "say no" to sex without a condom presume not only heterosexuality, but a degree of physical, cultural and economic parity that simply does not characterise the majority of women who are having heterosexual sex, whether as a form of pleasure, work, or cultural expectation- or under threat of violence (1997: 4).

This observation is pertinent to understanding safe sex promotions that promote condom use gender specifically, but the obstacles preventing effective condom campaign dissemination in Indonesia are quite locally specific and wide ranging.

The promotion of condom use has been termed "condomisation", or "*kondomisasi*", which literally refers to 'condom use socialisation' but for many conservatives indicates much more. To many, the term "*kondomisasi*" suggests a more realistic approach to HIV-AIDS prevention and in several ways has brought about more open and thoughtful discussion of issues of sexuality and public health in Indonesia. People have become able to discuss these and related issues indirectly by addressing "*kondomisasi*". On the other hand, those who support condom promotion in general actually oppose the use of the term "*kondomisasi*" because of the negative connotations connected with it. Instead they have urged the use of terminology such as "social marketing of condoms", in order to shift emphasis from mass

promotion to more particular marketing of condoms focusing on chosen segments of the population (Kroeger, 2000: 133).

The initiative “*kondomisasi*” to many represented a threat to public morals and permissive of an influx of values that are perceived as damaging and alien to Indonesia, values that are directly related to globalisation (read Western influences). Indonesia’s socio-cultural borders are imagined to be vulnerable with regards to Westernisation, and as many maintain the perception that in order to contain the impact of this phenomenon it is important to be overtly protective about perpetuating the image of socio-sexual conservative norms and mores and guard them vigilantly.

The issue of condom use and what the introduction of such a campaign is believed to signify is illustrated in the recent controversy concerning the proposed installation of condom ATMs in entertainment areas around Indonesia. Proposed by *BKKBN*, the condom ATM would help meet the prophylactic needs of the public discreetly and anonymously, as many Indonesians are loathe to buy condoms. Needless to say the installation of the proposed condom ATMs was quickly opposed.

Religious bodies in Yogyakarta strongly resisted the installment of a condom ATM, arguing that the machines would facilitate instances of premarital sex, encouraging youth to carry out “free sex”. They stated that Yogyakarta was not ready for such a development that served to “legalise” free sex. Many HIV-AIDS activists were disappointed with the lack of public advocacy from AIDS educational bodies.⁶⁰ They viewed this as a defeat in the fight for the positive introduction of an effective preventative measure and felt that it was indicative of the persistence of certain political bodies to consistently associate morality and religion with HIV-AIDS related medical facts (3/2/2006, personal email communication).

Nusa Tenggara Barat also opposed the condom ATM proposal commenting that the machine would encourage young people who perhaps previously had not contemplated free

⁶⁰ “*Iho, kok K-PENANGGULANGAN-A diam saja?*”, personal email communication with HIV-AIDS activist.

sex, to begin to do so. In other words it facilitated the spread of the “free sex phenomenon” amongst youth, making them feel “safe” (10/2/2006, personal email communication).⁶¹ One official stated that local communities were not ready for the installation of such a machine that would enable people to access prophylactics with such ease. He argued that preventing premarital sex by educating youth on the dangers of unprotected sex was a more effective preventative measure.

In Pekanbaru, Riau, when another condom ATM was proposed it was also quickly rejected by religious leaders who stated that it was in opposition to “the visions and missions of the city”.⁶² They argued that although only to be found in commercial sex work areas and promoting specific preventative goals, the installation of such a machine would inadvertently “legalise sin”. Some maintained an arguably weaker stance stating that these kinds of vending machines would disadvantage local traders who sell condoms. Some extremists equated the detrimental and malign effects of the installation of the condom ATM with pornography or with the recent infamous publication of anti-Islamic cartoons.⁶³ Others argued that it was not the inappropriateness of the item being vended but that many Indonesians are not yet educated in how to use an ‘ATM’ machine (18/2/2006, personal email communication).

With regards to intravenous drug use, Indonesia is unable to promote comprehensive needle exchange programs or methadone treatments as this is contrary to Indonesia’s strict narcotic legislation. Many intravenous drug users in Java have commented to me that it is easier to buy narcotics than it is to find appropriate sterilisation equipment or obtain clean syringes. Furthermore, methadone as an oral replacement for intravenous drug use is an extremely difficult program to introduce in a nation that has a zero tolerance policy regarding narcotics. Rehabilitation programs for intravenous drug users are also notoriously

⁶¹ *“kini yang ada hanya rasa aman”*

⁶² *“sangat bertentangan dengan visi dan misi kota Pekanbaru”*

⁶³ Several years ago Indonesia’s international relations with some nations in Europe soured due to the publication of a number of very controversial cartoons by a Danish journalist depicting Moslems in condescending and derogative manner. The cartoons arguably sought to reflect political commentary at the time but caused uproar in Moslem nations resulting in riots and a severe media backlash. The comparison of the two phenomena here (condom use and anti-Islamic sentiment) is quite extreme and noteworthy.

expensive. Many convicted narcotics offenders have informed me that drugs are easy to get in jail and use goes relatively unimpeded, and that needles are reused or simply replaced with ball pen refills. On a positive note, more recently, prison officials and guards in Yogyakarta have been actively involved with a locally initiated NGO, *Yayasan Kembang*, and have been proactive in learning about HIV transmission and AIDS symptoms and treatment.

Although HIV-AIDS cases go underreported, or perhaps, are under tested, many former inmates have informed me of individuals dying of AIDS-like symptoms or AIDS patients provided with little more than paracetamol to help with their suffering. A knowledge based behavioural survey I conducted with PKBI that focused on tattoo and piercing practices in Yogyakarta also showed that there is a severe lack of new and disinfected syringes and that although many practitioners knew of the risk with reusing needles, they were unable to afford clean materials, such as surgical gloves and clinical disinfectant with which to sufficiently sanitise their equipment. They are also unable to buy syringes without documents from a doctor stating the purpose for which they are to be used. Wealthier artists who are concerned with maintaining a hygienic studio have had to import supplies from overseas.

The above analysis of HIV-AIDS programs in Java and in Indonesia more generally has attempted to shed light on the obstacles facing the dissemination of comprehensive HIV-AIDS prevention programming in the archipelago. The chapter has illustrated the overwhelming persistence of the government and implicated stake-holders to overlook existing realities and perpetuate a marked sense of hypocrisy. The continual dependence on maintaining 'Indonesian values' as a means to halt the spread of the epidemic not only prevents effective HIV-AIDS campaigning but is also increasingly placing certain populations at risk, youth in particular. A denial of the fact that now the epidemic is an Indonesian problem and the issues related are indigenous ones appears to persist.

The manner in which the epidemic has been understood and responded to by Indonesian society reflects much about the socio-cultural mores and concerns of the society on the

whole. In the following chapter I would like to explore the ways in which HIV-AIDS has been apprehended and comprehended in contemporary public discourse.

CHAPTER 7: *VIRUS LAKNAT*: HIV-AIDS IN INDONESIAN PUBLIC DISCOURSE

Quite universally, media documenting HIV-AIDS has been understood to construct ‘pseudo-events’ according to the dictates of “an unwritten moral agenda which constitutes newsworthiness” (Watney, 1987: 39). Media portrayals of HIV-AIDS and PLWHA reflect the confusion and ambiguity surrounding the epidemic experienced by the society at large. Broadly speaking, the influential role of the media is well-known. For many, those who would have no direct contact with HIV-AIDS, awareness and knowledge of HIV-AIDS is purely media related.

Observers have commented that the media’s confusion over the “illness/deviance” character of people with HIV-AIDS gives rise to questions of the degree to which “situational difference becomes normative violation” (Albert, 1986: 167). Media portrayals, whether journalistic or entertainment-based, have inadvertently transformed a metaphorically contagious illness into one concretely so, within the rubric of the innocent, the suspect and the guilty. In other words:

AIDS has provided an occasion for such an excursion into a world perceived of as ‘strange’ and ‘disordered’ (Albert, 1986: 168).

HIV-AIDS is rarely touched on in the Indonesian media, generally only when it needs to report new statistics or to detail individual case studies. The Indonesian media limits their coverage largely to government announcements, conference agenda and periodic updates of the infection account. Many articles, particularly those found in the more sensationalist tabloid papers rely heavily on the perpetuation of common misconceptions about modes of transmission and the supposed transgressive behaviour of PLWHA.

Articles that detail the lives of PLWHA appear to propagate the notion that people with HIV-AIDS are ‘bad’, and thereby encourage discrimination against those with the virus, who themselves are made to feel ashamed of having become infected with it. Other articles serve to simply detail statistics of sero-positivity, although often even the short HIV count

updates are tainted with “alarmist language and debatable implications” (Balgos, 2001: 34). Consistently, the fact that instances of Indonesian HIV-AIDS cases are printed juxtaposed with statistics from Western nations is undoubtedly politically motivated. By reflecting the high prevalence in other countries, the belief that HIV-AIDS is a foreign illness is thereby perpetuated and sustained.

Sensationalist media representations have supported the notion that HIV-AIDS was presumed to happen either only to promiscuous foreigners or to homosexuals, who were also at first assumed to be from abroad. Government officials and policy makers have been keen to play down the existence of an HIV-AIDS pandemic and were quoted as being more concerned with more pressing health problems at hand, such as bird flu, or with other issues of socio-economic importance.

In the circumstance where an Indonesian was infected, the argument went, it would be because of “tourists who indulged in amoral behaviour”, if not resulting from imported blood products. This was particularly heightened when the local media in the early 2000s began suggesting that foreigners be HIV-tested upon setting foot in Indonesia. The media was also responsible for the “outing of sorts of homosexuals”, who were described as indulging in “immoral and abnormal behaviour”. Furthermore, stories that focused on the lifestyles of commercial sex workers neglected to mention the proactive role of their male clients in the spread of HIV-AIDS (Balgos, 2001: 22).

MTV Indonesia focused its HIV-AIDS campaign directly at young people and unfortunately, aimed to be more entertaining and sensationalist than informative. In the lead up to World AIDS Day 2006 and continuing much after, MTV screened a number of infomercials and documentaries repeatedly until the central message, ‘PLWHA are people too’, or ‘Use a condom’, was entirely lost. One such campaign was a brief documentary showing a young, pleasant looking family posing with their baby, indicating how they deal with being *ODHA* (*orang dengan* HIV-AIDS, PLWHA). They relate to the viewer that they became infected after sharing needles ‘when they were young and foolish’. The documentary also included brief clips of smiling friends sharing how their attitude towards

the couple had not changed, even after learning of their positive status. Another clip showed a traditional up-beat dance, flashing statistics all juxtaposed in a fast-paced, ‘funky’ way. The initiative, which could have been an extremely influential platform through which to transfer HIV-AIDS awareness to young Indonesians, although well-intended, was far too overplayed until all meaning was lost, the focus more on style than content.

Stigma and discrimination are very ingrained sentiments in a culturally conservative climate like Indonesia that collectively marginalises those outside of the moral majority. In 2003 a photo exhibition entitled “*Tegak Tegar, Hidup Positif bersama HIV*” (Tall and Strong, Live Positively with HIV) that had aimed to show HIV positive people living HIV in ‘ordinary’ day to day situations and in familial environments inadvertently resulted in an extraordinary breach of human rights. Although purportedly motivated to promote advocacy, the awareness campaign failed to protect the individual rights of the participants, in turn making them vulnerable to exploitation. The pictures were replete with details of the subject’s sexual history and other extremely personal facts, and failed to shed any light on the complexity of being *ODHA*. The event that was supposed to show the “everydayness” and humanity of PLWHA in turn served to further stigmatise them. One participant did not want to return home to his family as it was presumed that they would have learnt about his positive status and that he would inevitably face condemnation and rejection (*Jakarta Post*, 22/2/2003).

The AIDS club rumours

Foucault conceived the notion of “heterotopias of deviance”, actual and conceptual spaces occupied by the morally questionable and/or suspect; a site for the enactment of aberrant and irregular behaviour. Although Indonesia has a long history of complex sexuality (prostitution, homosexuality, theatrical transvestitism), in recent times these ‘heterotopias of deviance’ are increasingly Western and removed from traditional understandings.

The existence of such locations problematises certain taken for granted notions of traditional gender constructions, issues of sexuality and identity in particular, acting as a

kind of moral yardstick with which to measure an organised social body (Foucault, 1997). These spaces are also reflective of a society's darker agendas. In Indonesia, HIV-AIDS as a social disease is conceptualised to be found in and around certain kinds of "heterotopias", for example, brothels, malls, nightclubs and entertainment centres.

In 1996 there were a series of wide-spread rumours of almost mythological proportions about HIV infection in Java that captured the imagination of the nation. The rumours consisted of tales of anonymous 'assailants' stabbing innocent bystanders with infected syringes in public spaces such as malls and cinemas and handing the victims a calling card — "Welcome to the AIDS Club". Although rumours and folkloric tales of this kind are not unique to Indonesia they are reflective of how AIDS has been misconceived. Furthermore, the spaces wherein such transgressions had taken place are considered sites of anxiety and apprehension to Indonesian society.

The AIDS club rumours that emerged were also intriguing because they diverge from previous patterns of discourse about AIDS in Indonesia. No longer was blame apportioned on the usual scapegoats of foreigners and sex workers, the AIDS club members were spectral and elusive.⁶⁴ The rapidity and randomness with which one could be assaulted contributed to a sense of vulnerability and resulted in people avoiding public places during the weeks of the panic (Kroeger, 2000).

As most 'occurrences' took place in these 'heterotopias of deviance', nightclubs, movie theatres and busy public spaces (places associated with affluence and questionable morality), perhaps these AIDS rumors are indicative of concerns Indonesians have about modernity. As Kroeger suggests:

⁶⁴ Magic, *santet*, is a very potent metaphor for unexplained misfortune and inexplicable bad luck in Java. Belief in witchcraft and vengeful forms of magic hold strong to this day. The average Javanese although conceding the improbability of the power of applicable 'black magic', will conversely acknowledge its existence. The fact that the AIDS Club perpetrators were 'invisible' and 'phantasmal' reflects the populace's belief in the power of the unknown and contributed greatly to popular public misconception concerning the epidemic.

these spaces are symbolic of a newer, more sophisticated urban lifestyle...associated with leisure time and consumption, with growing affluence and with being modern (2000: 258).

Many Indonesians are fearful of the importation of Western 'norms' and the apparent complementary moral decline and gradual attrition of traditional mores that is imagined attendant to 'Westernisation'. These rumours served to remind Indonesians that the socio-sexual freedom associated with modern life is dangerous and dislocated from the protection of home and the safety of community. The AIDS club tales served to substantiate the popular perception that places associated with modernity, individualism and perhaps wealth could be dangerous to the cohesive nature of society. The malevolent invisibility of the perpetrators is also distinctly Indonesian, a culture that has a tradition of fear in unseen forces and supernaturalism.

“Holding hands”: a documentary exploration of HIV-AIDS in Yogyakarta

In the second week of February 2008 my host organisation was invited to collaborate with *Lembaga Indonesia Perancis* (French-Indonesia Organisation) during their informative program concerning HIV-AIDS. I had for a long time felt fatigued at what I saw as consistent emphasis on knowledge and information for specific groups of people, and activities and projects predominately monopolised by the same theme-focused communities.

Far too often the opinions and perspectives of selective elements of the populace, either it be in the media or within HIV-AIDS programming itself, were what had been presented to the public. Acknowledging this, I initiated a project with two documentary makers to record a “*vox populi*” short film, documenting the understandings of the everyday ‘Yogyakarta’. The documentary investigated very simple ideas (what is HIV-AIDS, how is it transmitted, how can we prevent it, how would you interact with PLWHA) as the objective was to obtain a broad spectrum of opinions within a restrictive sphere of inquiry (for full documentary transcript see Appendix 1). The documentary was screened during


the LIP HIV-AIDS week in front of the media, government officials, students and members of the expatriate community.

Figure 11: Leaflet advertising LIP HIV-AIDS week agenda.

Lembaga Indonesia Prancis | Jl Sagan 3 | www.lipjogja.blogspot.com


HIV/AIDS

BUKAN HANYA ORANG LAIN !

 18 - 22 Februari 2008

- 3 diskusi
- 2 pemutaran film dokumenter
- 1 pameran informatif
- 1 hip hop concert
- 3 workshop
- 2 pementasan

SEMUA GRATIS di LIP



PKBI
Senin, 18 Februari 2008

- LIP Auditorium (10.00-14.00 WIB): Diskusi panel tentang tattoo/piercing, HIV/AIDS, stigma dan diskriminasi + Pemutaran film-film dokumenter tentang budaya tattoo/piercing di Indonesia dari sisi kesehatan dll.
- LIP Galerie (10.00-19.00 WIB): Demonstrasi tattoo/piercing dg cara yang sehat & steril + Diskusi

YAYASAN INDRIYA-NATI TEATER ANAK JALANAN
Selasa, 19 Februari 2008

- LIP Auditorium (19.00 WIB): Pementasan "Sketsa Seorang Anak" oleh RA DHE JENENG Teater Anak Jalanan Yogyakarta

Q-MUNITY JOGJA dg CD BETHESDA
Rabu, 20 Februari 2008

- LIP Galerie (15.00 WIB): Film-film dokumenter & diskusi "Komunitas Bergerak: Melawan HIV-AIDS, Menghapus diskriminasi" (dengan Kebaya, Yayasan Kambang, dll)

JOGJA HIP HOP FOUNDATION & KOMUNITAS GRAFFITI
Kamis, 21 Februari 2008

- LIP (19.00 WIB): Hip Hop Concert & Graffiti Action


Q-MUNITY JOGJA dg VESTA
Jumat, 22 Februari 2008

- LIP Auditorium (15.00 WIB): Diskusi "HIV-AIDS: Bukan Hanya Orang Lain!" dan performance Edutainment oleh VESTA (dengan dokter, KPAD Yogyakarta, public figure, dll)

ANEKA KEGIATAN
Senin, 18 - Jumat, 22 Februari 2008

- LIP, lobby auditorium: Setiap hari: Penjualan buku-buku, pembagian flyer-flyer dan informasi tentang HIV-AIDS, dll oleh komunitas lokal + informasi buku/DVD di mediatek LIP

Semua informasi sudah benar saat dicetak. Untuk informasi lebih lengkap silakan cek www.lipjogja.blogspot.com mulai 11 Februari 2008.



The range in knowledge levels and responsiveness towards HIV-AIDS and related issues was wide, and, interestingly, did not necessarily reflect the respondent's gender or socio-economic background. Respondents were more than willing to be approached and welcome

to dialogue. Thematically, what was most significant was the lack of knowledge concerning modes of transmission and appropriate receptiveness towards PLWHA. The excerpts chosen below I believe speak for themselves and are indicative of the multifarious nature of the responses, from the very incorrect, the discriminative, the coy, the pragmatic to the sublime:

What is HIV-AIDS?

Female Transgender: "HIV is the acronym for Human Immuni Deficient Tetphus."⁶⁵

Female University Students: "Illness, a deadly virus...Oh, is it a disease or virus?"⁶⁶

Female Bar Customer: "AIDS is a disorder which affects the immune system and is caused by the virus HIV."⁶⁷

Youth Hanging-Out: "It kills you."⁶⁸

Male Restaurant Customer: "HIV-AIDS is the deadliest of diseases, it's infectious. I'm pretty sure that the majority of the population already know about it."⁶⁹

Male Boarding House Student: "The virus comes from monkeys, and has been transmitted to humans, and until now they don't have a cure."⁷⁰

Elderly Man: (*Excuse me Sir, do you know anything about HIV-AIDS?*) "HIV-AIDS? No, I don't think so. I've forgotten." (*But you have heard of it before, haven't you?*) "Yes, it was that aid organisation from Australia, wasn't it?"⁷¹

⁶⁵ "HIV itu singkatan dari Human Immuni Deficient Tetphus."

⁶⁶ "Penyakit yang mematikan...apa itu penyakit atau virus sih?"

⁶⁷ "HIV adalah kelainan sistem immune pada tubuhyang disebabkan oleh virus HIV".

⁶⁸ "Mematikanlah penyakitnya."

⁶⁹ "HIV-AIDS itu penyakit yang paling berbahaya, menular. Saya kira kalau sekarang masyarakat umum udah pada tahu ya mas ya."

⁷⁰ "Virus yang berasal dari kera yang menular dan infeksi pada manusia dan sampai sekarang belum ada obatnya."

⁷¹ "(Bapak tahu tentang HIV-AIDS ga?) HIV-AIDS? Ga tahu. Sudah lupa ye." (*Tapi pernah dengar nggak?*) Pernah, itu bantuan dari Australia itu "

We found his answer the most unusual, and after much discussion with my documentary partners, we came to the conclusion that the elderly gentleman, who as it turns out was severely affected by the 2006 earthquake, was most likely referring to a major funding donor, AUSAID, or the like, that would have provided medical and technical assistance during the post-quake recovery period. At that time temporary housing, food packages and medical support were labeled clearly with an organisation's respective acronym, or symbol, as is regular protocol in relief situations. The elderly gentleman most likely assumed that was what the interviewer was referring to, and perhaps had never heard of the epidemic or its acronym.

Elderly Female: (*Excuse me Ma'am, what is HIV-AIDS?*) "I wouldn't have a clue.

Honestly, I've never heard of it."⁷²

Older Woman: (*Ma'am, do you know about HIV-AIDS?*) "No, no, hmm...What is it?"⁷³

Male Bus Timer: (*Sir, have you ever heard of HIV-AIDS?*) "No, never heard of it."⁷⁴

(*Never heard of it? Or maybe just don't know what it is?*) "Nup...never. Never seen it."⁷⁵

Male Peanut Vendor: (*HIV-AIDS, can you tell me more?*) "Yeah, maybe just that it is some kind of disease...one of 'those' kinds of diseases...yeah all kinds of ...umm...like what yeah...people who like sex...something around those lines...but I don't really know..."⁷⁶

Female University Student: "AIDS is a disease right...you get through sex which is you know...hehehe...creepy⁷⁷ ...hahaha."⁷⁸

How does one get infected by HIV-AIDS?

Female Transgender: "HIV is transmitted through 4 different fluids...blood fluids, vaginal fluids, sperm fluids and breast milk."⁷⁹

Youth Hanging-Out: "'Free Sex' ...injectable needles..."⁸⁰

Female Islamic High School Student: "Through...hmm...injections, dirty tattooing processes and through 'free sex'."⁸¹

⁷² "(*Ibu tahu ga tentang HIV-AIDS?*) *Ora ngerti aku. Tenane ora ngerti aku.*"

⁷³ "(*Ibu tahu tentang HIV-AIDS ga?*) *Mboten he...meniko nopo?*"

⁷⁴ "(*Bapak pernah dengar itu HIV-AIDS?*) *Nggak, nggak pernah.*"

⁷⁵ "(*Nggak pernah dengar? Atau paling ga pernah tahu atau bagaimana?*) *Nggak, nggak pernah he pak. Nggak pernah lihat eh*"

⁷⁶ "(*HIV-AIDS itu apaan sih?*) *Ya mungkin tuh penyakit-penyakit ya seperti apa...ya seperti penyakit itu lah...yang banyak-banyak di itu...seperti apa...orang yang senang seks itu ya, kurang lebihnya kayak gitu...tapi ga begitu nganulah gitu.*"

⁷⁷ "mengerikan" usually translates as 'scary' or 'frightening', but due to the young women's demeanour and embarrassment I have chosen another term. She may also mean, 'weird'.

⁷⁸ "*AIDS itu kan penyakit...menular seks yang apa sih...hehehe...mengerikan...hahaha...*"

⁷⁹ "*Penularane HIV-AIDS itu melalui empat cairan...cairan darah, cairan vagina, air mani dan air susu ibu.*"

⁸⁰ "*Seks bebas...jarum suntik...*"

⁸¹ "*Melalui...ah...jarum suntik, terus tattoo yang tidak steril samh hubungan seks bebas.*"

Car Park Attendant: "One of the ways is through contact with the carriers, yeah you could get it through...kissing! And through saliva."⁸²

Older Female Food Stall Vendor: "Maybe you could even get it through using the public toilet, you never know."⁸³

Female Bartender: "Sleeping around...hahaha..."⁸⁴

Barber: (*Mr Zaenal, do you know about how HIV is transmitted?*) "I wouldn't know..."⁸⁵

Male Indie Musician: (*In your opinion, how is HIV spread?*) "Yeah like that...fucking and shooting up...something along those lines..."⁸⁶

Female Hairdresser: "Ah...don't sleep around! Hahahaha"⁸⁷

How can we prevent it?!

Female Transgender: "In my opinion...to stop cases of HIV-AIDS increasing...most importantly for me as female transgender...I must always make sure to have safe sex, for example by using a condom."⁸⁸

Young Couple: (male) "Oh yeah...of course don't get to the point where you have sex...if you aren't married yet...that's a sin remember...and this is important too...people really have to learn to live a 'normal', more moral life...don't get a tattoo...that kind of thing...what's the point?...then using drugs...dumb young kids really...it's just stupid..."⁸⁹

(female) "Amen...Amen..."⁹⁰ (male) "It's so tiresome..."⁹¹

⁸² "Salah satunya bersinggungan langsung dengan penderitanya, ya bisa lewat opo..penciuman! Sama air ludah."

⁸³ "Mungkin kalau kamar mandi umum itu juga bisa jadi."

⁸⁴ "Berganti-ganti pasangan mas...hahaha..."

⁸⁵ (*Mas Zaenal tahu tentang penularannya?*) Itu ga tahu mas..."

⁸⁶ (*Cara penularannya lewat apa aja menurut mas?*) Ya itu tadi...ngentot sama ngetep...seperti itu lah."

⁸⁷ "Ah...jangan berhubungan seksual sembarangan kan! Hahaha..."

⁸⁸ "Ah...menurut aku...untuk mengurangi tingkat penularan HIV-AIDS yang jelas, karena aku seorang waria, aku harus bisa benar-benar seks secara aman misalkan memakai kondom."

⁸⁹ "(lakinya) Hayo ..tapi kan jangan sampai berhubungan seks ah...kalau belum diluar nikah....dosa tahu mbak .terus ini mbak...selain itu, cara ya kita harus benar-benar berperilaku yang pakai norma lah...ga usah lah yang namanya tubuh ditattoo kayak gitu...kan ga penting banget .terus pakai narkotika juga ga penting banget kan...anak muda kayak gitu ah...bodoh amat..."

⁹⁰ (wanitanya) "Amin ...ya Allah."

⁹¹ (lakinya) "Capek..."

Male Performance Artist: "I remember the other day what Mama Lorens⁹² said, she once said on TV, that there will be an Indonesian woman that finds the cure to HIV, no-one else in the world, just her apparently. I think that's really interesting."⁹³

Male Bartender: "For those who are already in a relationship, don't sleep around, that's number one, for those young things out there, don't go visiting prostitutes⁹⁴, you guys that aren't married yet..."⁹⁵

Security Guard: "As for that...I don't really know...even doctors don't really know...hahaha."⁹⁶

Male University Student: "The most important thing to do...is simply to bring yourself closer to God."⁹⁷

If your friend or relative were infected by HIV-AIDS how would you react?

Older Female Food Stall Vendor: "We should try to open our heart to them, that's one way...by the way, is there a cure?"⁹⁸

Male Youth Hanging-Out: "I would react...I don't know...just advise them...so they don't catch HIV again...gotta keep fighting...so they don't get infected again."⁹⁹

Female Islamic High School Student: "It is important that we don't avoid them, hold them close to us, so their lives remain full and positive."¹⁰⁰

⁹² Mama Lorens is a very well-known Dutch-born psychic, whose 'prophecies' are regularly part of contemporary popular discourse in Indonesia.

⁹³ "Eh...saya ingat Mama Lorens kemarin itu pernah, pernah, ngomong di TV, akan ada perempuan Indonesia yang menemukan obat HIV dan itu di dunia tidak ada kecuali orang perempuan Indonesia itu. Dan itu saya pikir sangat menarik."

⁹⁴ "Jajan" literally means to snack, but in this particular context has sexual connotations.

⁹⁵ "Yang sudah beristeri, kalau yang sudah beristeri, ya jangan selingkuh, satu, yang masih muda-muda ya diusahakan jangan jajan, yang belum menikah lho ya..."

⁹⁶ "Ya kalau itu...malah kurang tahu...doctor aja belum tahu kok itu...hahaha"

⁹⁷ "Yang paling penting itu satu...cuman semakin mendekatkan diri kepada Tuhan."

⁹⁸ "Ya kita berusaha membesarkan hatinya, bahwa itu mungkin ya...lah itu ada obatnya ga ya?"

⁹⁹ "Sikap saya ya..gimana ya..menasehati lah..biar tidak terjangkit kayak gitu lagi..harus berjuang..supaya tidak terkena lagi."

¹⁰⁰ "Ya sebaiknya kita jangan jauhkan dia, kita tetap merangkul dia, agar dia bisa memotivasi dirinya untuk mempunyai semangat hiduplah."

The candid nature of the respondent's dialogue and plainness of speech I believe effectively represents how HIV-AIDS is understood in contemporary public discourse in Java. The reaction of the local officials after the screening was also quite profound. They were largely speechless and perhaps exposed as in the introduction to the screening they had expounded upon the overreaching success of the HIV-AIDS public educative program in Central Java. Dialogue that took place after provided much impetus for discussion on the development of ways to improve campaigns to reach 'the average Indonesian'. It also brought about much red-facedness and double-talking from local NAP representatives and provided much contentious material for which the amused media was to stew upon.

HIV-AIDS vernacular and public understandings of the pandemic

Rhetoric concerning HIV-AIDS in Indonesia focuses consistently on the socio-sexual constructions of danger and risk. Danger is construed as an external derivative imported by foreigners in the form of AIDS (the disease) or otherwise as a result of the breakdown traditional morality by Western sexual permissiveness (disorder). Public risk perception is strongly related to the legitimacy of an individual's position in society and to the extent that to which their behaviour is sanctionable.

The religious, political and socio-cultural dimensions of HIV-AIDS and the obstacles facing instated preventative initiatives are and will continue to be wide ranging and indeed problematic. To combat this, many have called for an increase in anthropological understanding of the epidemic (*KR*, 15/12/2007). Some have emphasised gender mainstreaming with regards to HIV-AIDS policies and programs (*KOMPAS*, 27/8/2007). The current head of the Indonesian NAP (Nafsiah Mboi) has pushed for a comprehensive collective effort in fighting HIV (*KOMPAS*, 1/12/2006). Others believe in the need for the involvement of religious and charismatic authorities (*KOMPAS*, 10/5/2007).

When HIV-AIDS first appeared in Indonesia it was seen as a foreign import spread through the socio-sexual 'transgressions' of homosexuality. Shortly afterwards it was seen as an illness of transgenders and female sex workers. Recently, the public face of HIV-AIDS has

altered to represent that of the injecting drug user who shares needles and these are young faces, often the children of middle class families. Attention has also turned to the premarital sexual experimentation of the young consumer orientated Westernised youth. This condition is compounded by the fact that most HIV-AIDS educational programs continue to be directed at supposed 'high risk communities' and not at individuals that might associate from time to time with these communities.

Talking about specific sexual practices is difficult to do and it is easier to talk in ambiguous terms about who is at risk, eg. "*orang yang berganti-berganti pasangan*".¹⁰¹ The focus on high-risk groups perpetuates the idea that only certain kinds of people are in danger of contracting HIV-AIDS. A recent initiative of my organisation, PKBI proposed a name change of our 'communities of focus', *risti*, an acronym of "*risiko tinggi*" which means high risk,¹⁰² to adopt a name with less stigmatising qualities. This is an important paradigm shift and many other local HIV-AIDS organisations have also considered a move in nomenclature.

An emphasis on testing in regions removed from the privileged Javanese centre such as West Papua is also significant as it has perpetuated the notion that their ethnicity is still primitive "*masih primitif*", therefore under-educated in appropriate socio-sexual behaviour. Although some suggest that alternate sexual behaviours that facilitate a greater partner exchange are somewhat higher than in other districts, nevertheless there appears to be a dearth of information to prove this. In Islamic dominant Aceh many leaders claim that the region has no new cases of HIV-AIDS to report and believe that this is attributable to the conservative social mores and the staunch religious values that pervade in Aceh (personal communications with activists in Yogyakarta).¹⁰³

In the absence of accurate government information, young Indonesians have had to obtain information from foreign sources such as via the internet, from the faltering factuality of

¹⁰¹ "those who regularly change partners"

¹⁰² Communities of concern at PKBI are the standard marginalised groups considered to be high risk with regards to the epidemic, gay men, sex workers, transgenders and street youth.

the media and from NGOs like *Lentera Sahaja*. Anxiety creating rumors concerning the epidemic found within public discourse and the popularity of radio programs focusing on youth indicate that people, young people in particular, are in need for accurate and culturally pertinent information.

From 2002-2003 I was co-presenter for a youth directed talk back radio program entitled “*Bibir: Bisik Bisik Remaja*”¹⁰⁴ on a popular local station, *Geronimo*. The program focused on weekly topical issues, connected with youth reproductive and sexual health. Topics ranged from menstruation, dating, pornography to sexuality issues. The popularity of the program, with not only our target population but with other members of the public, indicated that there is a dearth of information and media for young people wanting to learn and discuss such concerns. The anonymity of talk back served to provide a space for candid and lively dialogue. What was most poignant about the program was the audience’s obvious lack of knowledge which contradicted their personal confessions concerning their socio-sexual behaviours. Many callers to the program intimated very personal information about their behaviour but conceded that they were not equipped with appropriate sexual and reproductive health knowledge, most significantly concerning pregnancy, STIs and HIV-AIDS. Many bemoaned the lack of accessible media concerning these issues and sex education in schools.

To combat this apparent lack of obtainable media, many local NGOs produce materials, pamphlets and stickers which address such issues of concern to youth. The impact of this media has yet to be evaluated but a brief review of media available, as covered in the following chapter, gives an indication of what NGOs and the government believe youth should know and in what manner such information is to be presented.

¹⁰³ Although recent reports from the Indonesian MOH (4/3/2009) document 4 newly reported cases in Aceh province.

¹⁰⁴ The program was directed at *remaja*, a problematic generalised term referring to ‘young people’. Nevertheless, our listeners came from all age groups and backgrounds. The title is a play on words, *bisik*, to mean ‘whispers’ joined together with *remaja* to form the word *bibir* (lips).

CHAPTER 8

FRAMING HIV-AIDS: DECODING PREVENTION MESSAGES

In general, the purpose of HIV-AIDS educative materials is to convey a message that should be empowering for the audience, and encourage positive behaviour change. In such media the social marketing for positive change is facilitated by words and visual images conveying meaning semiotically to a particular audience.

The connection between sexually risky behaviours and HIV-AIDS transmission in a purely biological sense seems to be already grasped in Indonesia, but the dissemination of appropriate informative materials that originate from official sources is lacking and misses the mark. Materials, particularly those directed at female sex workers are gendered, but in a way that supports the dominant gender ideology, and reflects the discrepancies between the inequitable life realities of men and women.

A review of the media currently in circulation tells us much about what the particular concerns of implicated parties are and what they believe the target population is entitled to know. Community-focused organisations, grass-roots groups, religious bodies and government programs all produce both targeted and generalised media. Media is usually published in the form of pocket-sized leaflets, stickers and comic-style booklets. In addition, the material available is indicative of more diverse socio-sexual proclivities and serves as an acknowledgement of risk behaviours.

There is a paucity of information that either implicitly or explicitly addresses of female youth sexuality and their attendant information needs. The ABC campaign as discussed in previous chapters is very popular in Indonesia, although the message of abstinence, be faithful and condom use is an impossible directive. The ABC campaign has been heavily criticised by women's groups all over the world, who posit that a more appropriate interpretation of ABC would be Assert yourself, Be open and Communicate as opposed to the current version which, they say, Asks the impossible, Blames women and Costs lives (ICW, undated pamphlet). The available media does not facilitate information

dissemination that would be useful to young women in protecting themselves from infection.

In the discussion below I will review several examples of materials produced both commercially, in the context of marketing safe sex products, and by NGO groups for educational purposes. The analysis will be divided according to media target audiences, for example sex workers and LGBTQ communities.

The examples reviewed below are from a commercially produced condom packet and an accompanying pamphlet. They are directed at sexually active individuals and make the issue of safe sex appear ‘sexy’, claiming that condom use keeps the man strong and stay hard longer (*bikin pria kuat dan tahan lama*). They promote situations of consensual sex and support positive sexual decision-making processes.

Figures 12. & 13: Condom packet advertisements.



Figure 14: Lubricant advertisement.



normalakah kelembaban tubuh berubah-ubah waktu ke waktu?

YA!

Terutama pada siklus hidup perempuan, vagina adalah anggota tubuh yang bisa secara alamiah berubah menjadi lebih kering atau basah. Selama siklus menstruasi, vagina perempuan dapat berubah menjadi agak lembab sekitar masa ovulasi, dan menjadi lebih kering sewaktu menstruasi. Hal ini terjadi karena perubahan hormonal dalam darah.

Vagina perempuan menjadi kering, sewaktu:

- Menstruasi
- Setelah melahirkan, dan juga sewaktu menyusui
- Setelah menopause

Sering melakukan hubungan seksual juga bisa menyebabkan keringnya organ seksual perempuan.



amankah sutra lubricant digunakan dengan kondom?

Tentu!

Sutra Lubricant sangat dianjurkan untuk digunakan dengan kondom, disamping dapat meningkatkan kenikmatan dan kenyamanan, penggunaan Sutra Lubricant dapat mengurangi gesekan sehingga risiko pecah kondom dapat dicegah. Berbeda dengan pelicin berbahan dasar minyak, Sutra Lubricant dengan bahan dasar air ini tidak merusak kondom.



mengapa kekeringan menjadi masalah?

Karena dapat membuat hubungan seksual menjadi tidak nyaman, bahkan menyakitkan. Kekeringan juga dapat menyulitkan peralatan medis untuk masuk ke dalam tubuh.



apakah Sutra Lubricant alat kontrasepsi?

bukan!

Sutra lubricant **bukan** alat kontrasepsi, sehingga tidak dapat mencegah kehamilan. Sutra lubricant juga tidak mengandung zat anti sperma (*spermicide*). Namun demikian, pemakaian Sutra lubricant dibarengi kondom dapat mencegah kondom menjadi pecah.



apa yang tidak boleh digunakan sebagai pelicin?

Semua produk berbahan dasar minyak, seperti Vaseline, minyak pijat, baby oil, dan minyak aromatik. **JANGAN SEKALI-KALI** digunakan sebagai pelicin tambahan. Produk-produk ini dapat membuat iritasi pada bagian tubuh yang sensitif.

Produk berbahan dasar minyak di atas tidak boleh digunakan dengan kondom karena dapat merusak karet sehingga membuat kondom mudah pecah.

Jika ragu tanyakan pada apoteker untuk memastikan aman tidaknya suatu produk digunakan sebagai pelicin. Produk berbahan dasar air adalah yang paling aman terhadap kulit.



amankah jika digunakan terus menerus?

Belum ada laporan keluhan dari pemakaian lubricant dalam rentang waktu lama. Namun dianjurkan jika kulit Anda sangat sensitif, dan mengalami iritasi, segera dihentikan pemakaiannya.



amankah sutra lubricant untuk seks oral?

YA!

Sutra Lubricant terbuat dari bahan alami, tidak beracun, tidak berbau, serta manis rasanya



apakah Sutra Lubricant bisa meningkatkan kualitas hubungan seks?

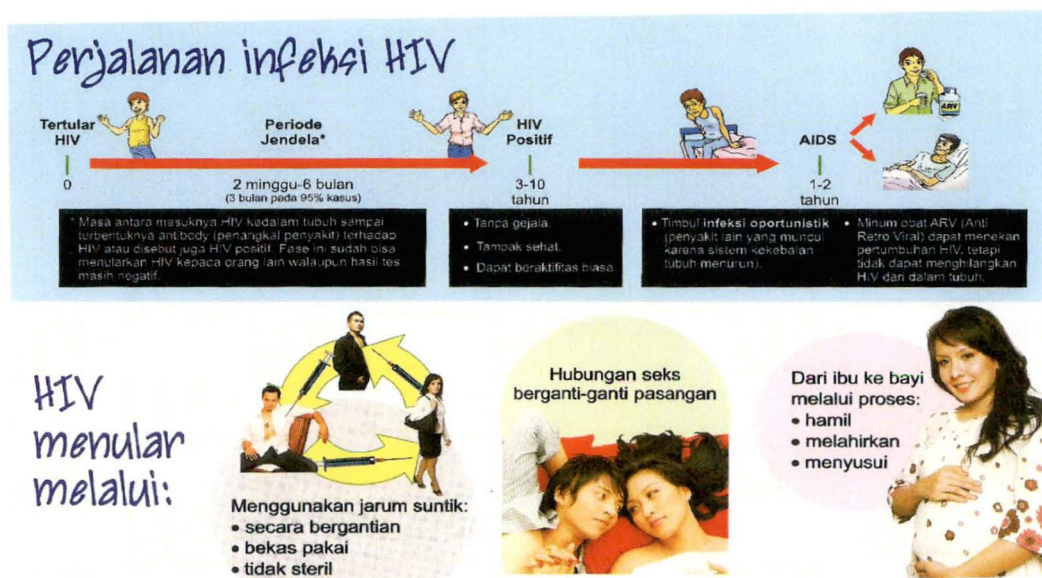
Dengan sedikit ketrampilan dan imajinasi, Sutra Lubricant dapat menambah bumbu pada hubungan seks Anda.

The above pamphlet explains lubricant use with condoms and how to facilitate safe sex. The cartoon icons are friendly and the vernacular chosen simple and informal. The media highlights the benefits of using lubricant and conveys a positive sexual health message. It informs the audience that sex for females can be painful and uncomfortable and that lubricant can alleviate this. Not only does it cover penetrative intercourse, the pamphlet explains how the lubricant is safe to use during oral sex and responsibly emphasises the dangers of using alternative lubricant sources such as body lotion or baby oil.

In the final segment it adds that Sutra lubricant is safe to use with condoms and informs the audience in the very last section that “with a bit of skill and imagination, Sutra Lubricant adds spice to your sex life” (*Dengan sedikit ketrampilan dan imajinasi, Sutra Lubricant dapat menambah bumbu pada hubungan seks Anda*). Unlike government issued media, the pamphlet does not refer only to sexual activities occurring within marital union but to sexually active individuals in general, and emphasises the connection between health and sexual responsibility. Although the condom packets and pamphlet were produced primarily in order to sell a product, the information they contain concerning safe sex behaviour is useful and important, and the mode of presentation engaging and user friendly.

The following media published by an internationally funded HIV-AIDS organisation are also targeted at sexually active couples or couples concerned about HIV-AIDS. The first pamphlet illustrates the road from HIV to AIDS and modes of transmission. The second is somewhat more informative and details the ABC message placing it in a local cultural context. The final one is an illustration showing the manner in which HIV cannot be transmitted.

Figures 15 & 16: HIV-AIDS information for sexually active couples.

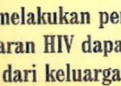


Siapa saja sih yang beresiko terinfeksi HIV?

Siapa saja yang melakukan perilaku yang memungkinkan terjadinya penularan HIV dapat terinfeksi HIV, tidak peduli orang itu dari keluarga baik-baik atau bukan, kaya atau miskin, bodoh atau pintar

Nah, perilaku yang beresiko menularkan HIV adalah:

- Hubungan seks yang tidak aman dengan seseorang yang terinfeksi HIV.
- Menggunakan jarum suntik yang sudah tercemar HIV tanpa disterilkan terlebih dulu. Bisa juga alat lain seperti jarum tindik ataupun jarum tatto.
- Menerima transfusi darah yang telah mengandung HIV.
- Bagi perempuan yang hamil yang terinfeksi HIV, punya resiko (30 persen) menularkan HIV kepada bayi yang dikandungnya.




Wah, bahaya!

Jadi, kita harus hati-hati - karena kita bisa saja tertular HIV jika melakukan salah satu kegiatan yang sudah disebutkan tadi!

Aduh, kalau begitu bagaimana caranya supaya kita tidak ketularan ?

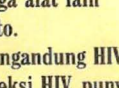
Begini nih, yang berkaitan dengan perilaku seks, ada konsep ABC. Udah tahu belum?

A - artinya **Abstinence**, yaitu tidak melakukan hubungan seks sama sekali.




ITU...?

B - artinya **be faithful**, yaitu saling setia dengan pasangan kita dan begitu pula pasangan kita.



pikir dulu, deh...!

C - artinya **Condoms**, alias kondom. Gunakanlah kondom untuk melindungi kita atau pasangan kita dari HIV/AIDS setiap kali berhubungan seks!



Selain konsep ABC tadi

Gunakan pisau cukur, silet, jarum suntik, jarum tindik atau tatto yang sudah steril atau yang masih baru (belum pernah dipakai).

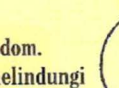


Figure 17: Information concerning how HIV is not transmitted.



The following is taken from a brochure for high school youth, easily identifiable from the image of school uniforms, published by the Indonesian Family Planning Federation in conjunction with a Japanese funding agency. This particular pamphlet is important as it directly addresses youth reproductive and sexual health needs in a manner accessible by them. The slogan “HIV/AIDS: I have to know” (*HIV/AIDS aku harus tahu!!!*) is followed up with the statement that “we can all get it, we can all avoid it and we can start by learning about it” (*semua bisa tertular semua bisa menghindari dan kita bisa mulai dari memahami HIV/AIDS*) is direct and inclusive. The pamphlet uses readily comprehensible vernacular for youth, *bahasa gaul*, and the overall format and design is similar to other forms of comics that Indonesian young people enjoy.

The pamphlet does not directly discuss the issues of sex before marriage or of unsafe sex with multiple partners, but addresses these phenomena by referring to responsible health behaviours and prevention awareness. The media was distributed to all local high schools

by youth representatives as well as to partner organisations. Considering that this pamphlet is designed both for and by youth as part of an initiative from my organisation in Yogyakarta, PKBI, the frankness and clarity of the messages put forward is striking in comparison to media available for youth produced by government bodies that ignore the socio-sexual realities of young Indonesians in contemporary contexts.

Figure 18: Media directed at school youth.



Figure 19: Lessons elaborating the simple “ABC”.

Bagaimana Mencegah HIV/AIDS



Untuk mencegah tertular HIV/AIDS terapkan rumus ABCD :

A = Abstinence (Amannya tidak berhubungan seks)

B = Be faithful (Bagusnya saling setia, hanya berhubungan seks dengan 1 pasangan)

C = Condom (Kondom), selalu gunakan kondom saat berhubungan seks, terutama bagi yang punya banyak pasangan

D = Drug (tidak nge-drug atau pakai narkoba, terutama narkoba yang disuntikkan)

E = Equipment (Enaknya pakai alat-alat yang bersih, steril, sekali pakai, dan tidak bergantian) Misalnya, jarum suntik, pisau cukur, alat operasi, jarum tato, alat tindik, dll.

Sampai saat ini AIDS belum ada obatnya. So mencegah adalah cara terbaik untuk terhindar dari HIV/AIDS



Lindungi diri dengan cara

1. Cari tahu dan pahami bagaimana virus ini ditularkan
2. Praktekkan perilaku sehat sehari-hari (tidak berhubungan seks sebelum menikah, hanya berhubungan seks dengan pasangan sah, tidak menggunakan narkoba)
3. Gunakan kondom bagi seksual aktif, tidak berganti-ganti jarum suntik, sterilisasi peralatan yang beresiko menularkan HIV

Bagaimana jika teman kita ada kemungkinan terinfeksi HIV?

1. Mengajukan untuk segera periksa ke dokter
2. Mengajukan untuk menghentikan perilaku berisiko
3. Menyarankan untuk melindungi diri dengan menggunakan kondom atau menggunakan jarum suntik yang steril.
4. Menemani pemeriksaan diri ke dokter atau petugas kesehatan terdekat.
5. Tidak 'menghakimi' dan mengasingkan mereka jika ternyata positif HIV

The final image illustrates a “how to” of condoms, including details about correct lubricant use, comparing correct and incorrect usage. Remembering that this pamphlet was produced in a purportedly conservative nation that forbids pre-marital sex and denies youth sexuality, this is quite audacious. The existence of such materials serves to acknowledge that young people are having sex, or in the least thinking about it and as such need to be informed about it.

Figure 20: Clear directions for correct condom use.



Media for LGBTQ¹⁰⁵ communities

The following excerpt is taken from a comic intended for simply for curious youth or more specifically young Indonesians perhaps in the process of questioning their sexuality. The media was produced by local organisations that had felt a pressing need to address the issues explored in the comic, particularly alternative youth sexuality forms. It discusses the alternative categories of socio-sexual identity in a non-judgemental and accessible manner, positioned on a rainbow background signifying the LGBTQ community. As discussed in previous chapters, heteronormativity is the dominant ideology and heterosexuality

¹⁰⁵ LGBTQ is the internationally recognised acronym for the Lesbian, Gay, Bisexual, Transgender and Queer community. Although the complete list of gender and sexuality models in the extended version of the appellation is incredibly expansive and ever evolving, (and not without its critics) most organisations and

privileged in Indonesia, and the persecution and marginalisation of LGBTQ communities is an attendant factor of this reality so media of this kind that acknowledges alternative sexual identities is extremely controversial.

Figure 2: LGBTQ media for youth.



The LGBTQ community is internationally recognised as being fore-runners in sexual health promotion and HIV-AIDS awareness distribution (Kramer, 1994). This is the case also in Indonesia. The illustration below is from a special edition line of limited edition condoms available nationally, which tell us to “have fun and be safe” (*bersenang-senang OK! Aman harus!*). The cover models are transgender and gay¹⁰⁶ and the inside of the package details

those working with the issue of sexuality will identify with this acronym. See www.ppwr.on.ca/03_03.html for further discussion.

¹⁰⁶ This information was obtained from one of the Outreach Work Leaders for LGBTQ communities in Yogyakarta. He provided me with many different versions of the condom package.

clearly and specifically correct condom use for gay and transgender individuals. This is quite remarkable considering Indonesia sustains an anti-sodomy law and homosexuality in both a religious and cultural context is forbidden, a topic which was often a heated debate in my former workplace.

The motivation to produce such information clearly derives from a perceived need to disseminate positive messages about how to preserve LGBTQ health, as well as counteract externally exposed discrimination and calm internal turmoil among members of a potentially oppressed minority group. There is concern to promote empowerment and self esteem within the LGBTQ community, and provide information about informed decision-making regarding sexual health.



Figure 22: Condom packet for the LGBTQ community.

Figure 23: The insert in the condom packet which clearly demonstrates safe condom use for anal sex.

PETUNJUK PENGGUNAAN

Penggunaan kondom secara benar dapat menghindarkan penularan dari Infeksi Menular Seksual (IMS) dan HIV/AIDS.

Penggunaan pelicin berbahan dasar air, dapat menghindarkan terjadinya kerusakan pada kondom serta menghindarkan terjadinya luka-luka pada anus.

INGAT!


IMS/HIV/AIDS dapat menyerang siapa saja tanpa pandang bulu.

Selalu gunakan kondom dan pelicin berbahan dasar air ketika Anda melakukan hubungan seks.


Bersenang-senang OK!

Aman, harus!


Gunakan kondom dan pelicin!




1. Beri sedikit pelicin pada kepala penis hingga pertengahan batang penis. Tempatkan gulungan kondom di kepala penis.




2. Sambil menekan ujung kondom untuk mengeluarkan udara, dorong ke bawah menyarungi seluruh penis.




3. Lumuri kondom yang dikenakan dengan pelicin berbahan dasar air, sebelum berhubungan seks.



4. Oleskan pelicin di sekitar lubang, sambil memberi kesempatan agar terbiasa.



5. Setelah ejakulasi, tarik penis yang masih ereksi sambil menahan pangkal kondom agar cairan sperma tidak tumpah.

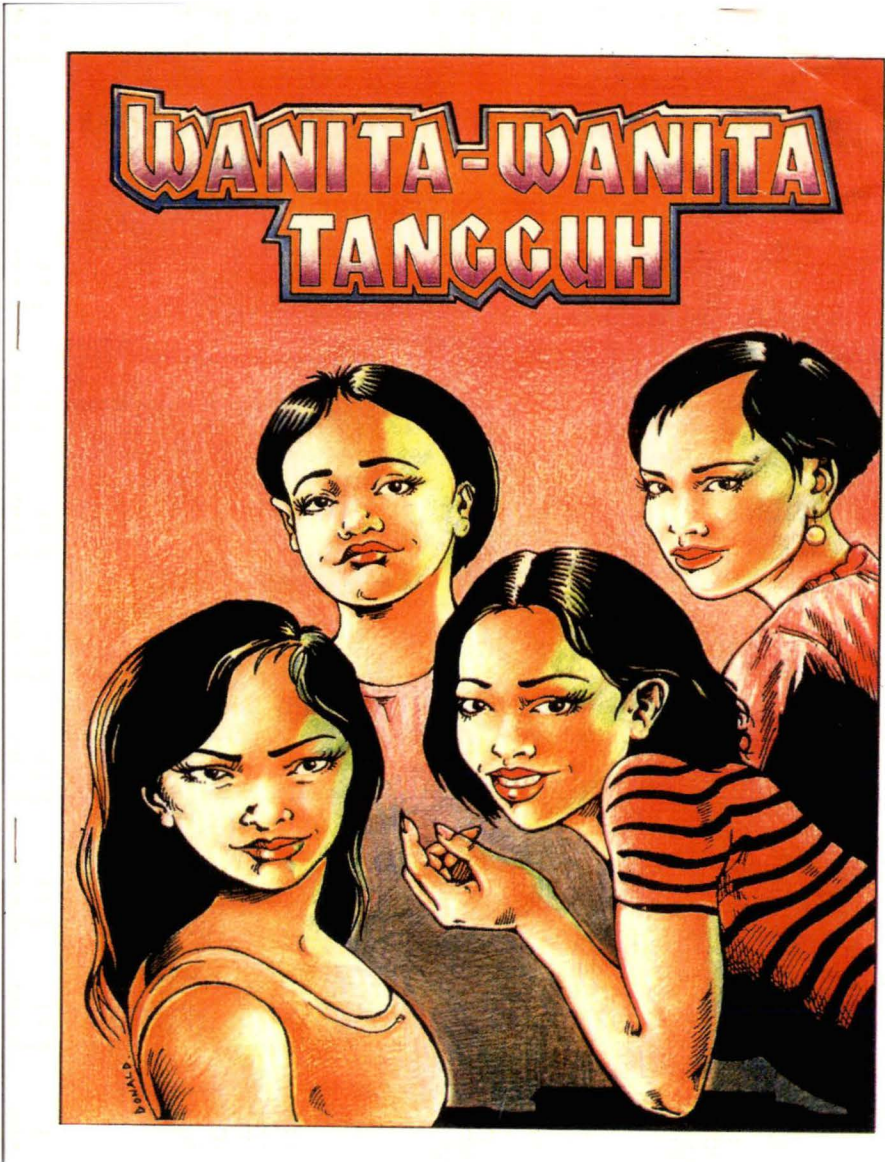


6. Lepaskan kondom dari penis dan buang kondom di tempat aman. Jangan dibuang di toilet.

- Selalu gunakan kondom baru setiap berhubungan seks
- Perhatikan tanggal kadaluarsa
- Simpan di tempat sejuk dan kering yang terhindar dari sinar matahari langsung
- Gunakan hanya pelicin berbahan dasar air. Jangan gunakan produk berbahan dasar minyak seperti *massage oils, hand cream, body lotion, baby oil, petroleum jelly* atau minyak goreng karena dapat merusak kondom
- Buka kemasan kondom secara hati-hati agar kondom tidak rusak
- Kenakan kondom setelah penis ereksi dan sebelum penetrasi/"dimasukkan"

Tough women: condom negotiation media for female sex workers

Figure 24: Tough women.



The importance of educating sex workers and empowering them with the knowledge to confidently enact safe sex has proven vital in HIV-AIDS prevention campaigning work. It has been suggested that through over-rigorous social marketing of HIV-AIDS prevention messages many female sex worker communities have developed an internalised AIDS

fatigue, and that effective comprehension of such materials is proving to be more and more of a challenge to outreach workers (Ryan, 2001). Condom negotiation is a recognised preventative methodology used by sex workers and promoted by HIV-AIDS organisations. Condom negotiation is determined by the sex worker's ability to coerce and manipulate her client into agreeing to condom use through counteracting his often equally persuasive anti-condom dialogue.

Below is an excerpt of a pamphlet produced by a local NGO targeted at the female sex worker community. The pamphlet was distributed nationally by outreach workers who gained access to this media. The material within the pamphlets is a direct example of the dialectical interplay commonly experienced by female sex workers and their male clients. On the left is the character of the male client, on the right the female sex worker. The handout offers suggestions on how to answer the customer when he argues against condom use and convince him otherwise. One reasoning the male puts forward is, "I don't have a condom and don't know where to buy one" (*saya tidak punya kondom dan tidak tahu di mana harus membeli*) to which the sex worker is recommended to reply, "Condoms are easy to find. In a stall, pharmacy, tobacconist etc. I even have some on me" (*Kondom mudah didapat di mana-mana. Di warung, toko obat, tukang rokok, dll. Saya juga kebetulan punya persediaan*).

In another circumstance the male explains that as is he clean, he doesn't need to wear a condom (*saya tidak perlu kondom. Saya bersih, tidak punya penyakit*) to which the woman replies, "I know and I am also clean. But I have many clients. I can't be certain that they are clean. To protect ourselves it is better to wear a condom. So we don't infect other people...let alone your wife at home", (*saya tahu dan saya juga bersih. Tapi saya menerima banyak tamu. Saya tidak tahu pasti apakah mereka juga bersih. Untuk melindungi diri, lebih baik pakai kondom. Supaya tidak...menularkanyan pada orang lain*). Many sex workers have intimated to me that referring to the client's potential wife or partner is generally the most effective form of verbal persuasion.

Figure 25: Condom negotiation tips

MENANGGAPI ALASAN TIDAK MAU PAKAI KONDOM



BILA DIA MENGATAKAN :

1. Mengapa saya harus pakai kondom?
2. Saya tidak punya kondom dan tidak tahu di mana harus membeli.
3. Saya tidak perlu pakai kondom. Saya bersih, tidak punya penyakit.
4. Kondom membuat saya kehilangan nafsu. Mengganggu!
5. Pakai kondom tidak alami, tidak asli.
6. Apa kamu kira saya penyakitan?



ANDA MENJAWAB :

1. Kondom itu aman untuk menjaga kesehatan dan kebersihan. Kondom juga dapat diandalkan untuk mencegah kehamilan dan penyakit. Kita tidak tahu kapan penyakit menyerang kita.
2. Kondom mudah didapat di mana-mana. Di warung, toko obat, tukang rokok, dll. Saya juga kebetulan punya persediaan.
3. Saya tahu dan saya juga bersih. Tapi saya banyak menerima tamu. Saya tidak tahu pasti apakah mereka juga bersih. Untuk melindungi diri, lebih baik pakai kondom. Supaya tidak ketularan penyakit dan menularkannya pada orang lain. Apalagi kalau sampai menulari isteri di rumah.
4. Sebaiknya kita selalu pakai kondom. Memakai kondom akan menambah kenikmatan, karena akan tahan lebih lama. Mari, saya yang memasangkan.
5. Lebih tidak alami lagi kalau kena penyakit. Lebih baik dicoba dan berjaga-jaga. Jadi kita tidak perlu merasa kuatir. Kondomnya tipis. Tidak akan mengurangi kenikmatan.
6. Tidak, tapi mencegah lebih baik bukan? Kita akan merasa lebih tenang dan bisa lebih konsentrasi.

The following excerpts are from other media created for female sex worker communities in Indonesia. The comic, "Tough Women", (*Wanita-wanita Tangguh*) revolves around the conflict four young prostitutes experience in their sex work environment. The females in the comic are illustrated not necessarily as passive victims but the underlying tone of the media is that of oppression and coercion. The comic is intended to reflect everyday predicaments of sex work and offer solutions concerning how to overcome such situations.

The emphasis of this media is not only on how relationships are negotiated but also on problematising the conventions behind male dominance and female submission. The female characters struggle against the male figures of aggression, who are illustrated as unattractive and hyper masculine. This link between aggressive masculinity and female vulnerability in sex work situations is also reflective of many underlying factors in the Javanese gender ideology.

In the first excerpt the female is encouraging condom use, placed visually in the comic in a position which could be read as vulnerable. The male is either placed in front of or with his back to the sex worker or smoking a cigarette. The male uses impolite and hostile language yet the female remains charming and respectful. The male figure argues that condom use reduces satisfaction (*kondom rasanya tidak enak, saya jadi tidak menikmati*) but the sex worker ensures this is not the case and promises that she will work extra hard (*kalau dengan saya pasti enak. Nanti tak goyang deh*).

In the second scenario, another sex worker with an older-looking guest introduces condom use, which seems to just annoy the smoking character (*Gila kamu! Saya tidak pernah pakai gitu*) who complains that sex with a condom is like eating candy still in its wrapper (*Seperti makan permen pakai bungkus. Tidak terasa*). He offers to pay her more and the female eventually refuses (*Kalau begitu, lebih baik tidak jadi Mas*). The transaction is ended with the male abusing the sex worker (*Brengsek*) and the sex worker confiding in her friends who support her decision (*Setuju! Kita 'kan perlu jaga diri*).

Through the interplay of the comic the male clients are depicted as aggressive, potentially violent and arguably a little bit dim-witted. The sex workers, although vulnerable, exposed and weaker remain determined in their quest for safe sex interactions. The comic does not subvert existing gender inequalities but recognises realities and proposes solutions to these inequitable situations.

Figure 26: The male figure is an imposing presence.



Figure 27: Female sex workers as safe sex educators.



Media for male clients of female sex workers

This comic, designed by a major condom manufacturer for male customers of female sex workers, uses a different tactic and arguably a more relaxed and approachable format. It details a similar scenario as the previous comic, again illustrating the dialectic word play that is enacted during condom negotiation.¹⁰⁷ The comic, published after the first media, contains pictures that are suggestive and the content informal.

In this chosen segment the woman charms the man and comments on his already erect penis, to which the man replies “my rocket is ready to fire” (*rudal saya memang sudah siap tembak*). At that moment the woman reaches over to a box of condoms and the man reels, “condom?! Look at me, I am clean and healthy, and I always pick clean girls” (*kondom?! Kau lihat badanku sehat dan kuat...aku selalu memilih cewek yang bersih*).

The female must use another tack. She explains that you cannot identify a person affected by HIV-AIDS from their appearance. He then goes on to argue that after he has sex he consumes antibiotics (*sehabis main saya selalu minum super tetra*) but savvy sex worker explains that HIV cannot be prevented by taking antibiotics, as is a common misconception amongst sex worker communities and their patronage. She holds up a condom and reiterates, “only condoms can prevent it”, (*hanya kondom bisa mencegah*).

In this segment the sex worker continues to coax the client into condom use, who insists that condoms reduce sexual enjoyment and feel unnatural (*tapi pakai kondom tidak enak, kurang alami*) to which the female replies “but getting sick feels worse doesn’t it...trust me, if we use a condom I’ll make sure you enjoy it”, (*kalaupun pakai kondom, percayakan pada saya...pasti membawa kenikmatan*). The woman goes on to explain to him that illness does not just affect us, but also the ones we love and in the end the client is influenced by her logic. The dialogue between the two again reflects a gendered discourse but one where the female plays less of the victim role and the male is more easily swayed.

¹⁰⁷ I have discussed these kinds of issues with sex workers I have conducted outreach work with and the interplay articulated in the comics assimilates with the experiences these women undergo every day.

Figure 28: A persuasive form of ‘negotiation’.



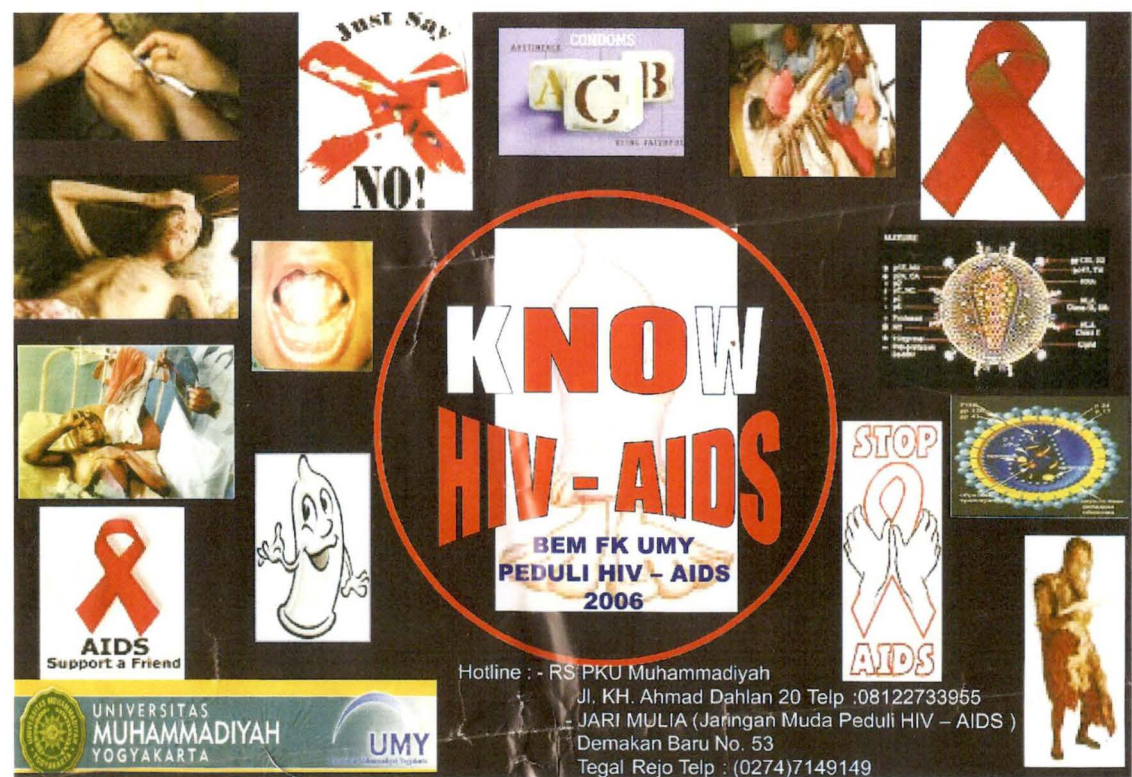
Figure 29: Successful negotiation.



Media from Moslem university students

The following poster, although arguably well-intended, enraged the PLWHA (People Living With HIV-AIDS) community in Yogyakarta because of the negative and detrimental image it propagated. The poster, designed by students from a local Islamic university and aimed at the general public, was distributed during World AIDS Day 2006. PLWHA groups were outraged at what they perceived to be destructive media that would inevitably perpetuate negative stereotypes which they had been working hard to abolish. The poster, reminiscent of early AIDS media from the West, is replete with images of sick and dying AIDS patients which conflict with the symbol of the smiling condom and totem of Stop AIDS. Those responsible for the poster eventually were encouraged to apologise to the PLWHA and dialogue was invited addressing the concerns of the PLWHA regarding the poster.

Figure 30: Negative prevention images.



HIV-AIDS preventative media is produced to encourage change in the public's information processing and attitudinal and behavioural development. The above analysis has directly focused on media produced by alternative sources and for targeted audiences. The media I have chosen addresses head on contemporary information needs concerning sexually risky behaviours and positive sexual health. Materials produced by the government which depend upon threatening images and rudimentary scare tactics continue to ignore socio-sexual realities and diversifying sexual proclivities.

Although the tones and themes are varied throughout this media, certain overarching Indonesian values hold strong. The media directed at sex workers and their clients as one example illustrates the existing gendered imbalance of power that is perpetuated in Indonesia. Even though this media is unique and I posit controversial, materials of this kind are still rare, and generally community focused. Nevertheless, the very existence of media of this kind is still a very progressive step in acknowledging alternative socio-sexual behaviours.

The following chapter provides an opportunity for young women to speak out and articulate how they understand the implications of an HIV-AIDS epidemic in Indonesia, how they express their own risk perception and how these notions are rooted in their understanding of their current life choices and socio-sexual situation in contemporary Yogyakarta. It attempts to incorporate the thematic strands of my previous research and establish, or perhaps explore the changing aspects of young Javanese women.

CHAPTER 9

HIV-AIDS KNOWLEDGE LEVELS AND COGNITION

This chapter analyses the findings of my qualitative and quantitative in-country fieldwork pertaining to HIV-AIDS knowledge and cognition. The next chapter will cover issues concerning relationships, sex and risk perception. The findings of my research indicate that dialogue concerning the epidemic encourages people to “name the unnameable, speak the unspeakable” (Bujra, 2000: 67). I believe that open discussions of HIV-AIDS serve to facilitate more diversified debates about sex and sexuality in general, albeit perhaps mostly in a ‘preventative’ ‘educational’ context.

The quantitative research consisted of the completion of 150 anonymous questionnaires addressing several aspects of HIV-AIDS knowledge and condom use. The questionnaires were distributed by myself and 2 young female colleagues from my volunteer organisation, PKBI, who wanted to gain research experience. None of the participants were paid but were given an informative mug designed by myself containing a public health message about HIV-AIDS and prevention methodologies. After the questionnaires were collected, results were processed using the SPSS Production Facility and then translated from Bahasa Indonesia into English. My qualitative fieldwork also entailed a number of detailed Focus Group Discussions (FGD) that covered material expanding on the concerns of the questionnaires.

The sample for both the questionnaire and the FGDs were a cohort of young women living in the urban context of Yogyakarta (see Appendix 2 for questionnaire summaries). Although the women chosen to participate were not selected based on their ethnicity or religious background, the majority of those completing the questionnaire were aged between 20-30 yrs (64.7%) and were from Central Java (38.7%). Most were tertiary students (81.3%) and 96% were single. 80.7% cited Islam as their religion. I did not wish to analyse the following responses with regard to nor emphasise an individual’s background. Nevertheless, I had this in mind when processing and cross-checking quantitative data and saw little discrepancy in the answers from respondents coming from different backgrounds.

Individual responses from respondents are represented numerically or by a letter. Direct quotes are in parenthesis.

Yogyakarta was the chosen fieldwork site as it is considered a centre for tertiary learning in Java and the majority of young people living and studying in Yogyakarta find themselves in socio-cultural contexts that differ greatly to that of their home environments. It is evident that as in these contexts young people maintain greater autonomy more experimental socio-sexual models become apparent: greater interaction with the opposite sex, drug and alcohol use. I argue that their responses overall reflect changes in the broader issues of sexuality and gender in the context of HIV-AIDS, and show how these two notions are intertwined and mutually defining.

For complete questionnaire answers, transcript translations and respondent descriptions see Appendix 2 and 3.

Knowledge of HIV-AIDS and epidemiology

Below is a table (TABLE 1) indicating the knowledge levels of respondents concerning basic HIV-AIDS facts and information.

Table 1.

		AGREE	NOT SURE	DISAGREE
1	HIV is the acronym of Human Immuno Virus	78.0%	15.3%	6.7%
2	AIDS is the acronym of Acquired Immune Deficiency Syndrome	90.0%	6.7%	3.3%
3	HIV-AIDS is a Western illness	35.3%	33.3%	31.3%
4	HIV-AIDS is only a homosexual illness	5.3%	12.0%	82.7%
5	HIV-AIDS originates from monkeys	22.0%	28.7%	49.3%
6	HIV-AIDS is God’s way of punishing sinners and transgressors	19.3%	16.0%	64.7%

7	HIV-AIDS constitutes a pandemic in Indonesia	27.3%	20.7%	52.0%
8	HIV does not necessarily result in AIDS	28.7%	26.7%	44.7%
9	HIV-AIDS is a Sexually Transmitted Infection (STI)	88.7%	2.0%	9.3%
10	HIV-AIDS attacks and destroys the body's immune system	94.7%	3.3%	2.0%
11	HIV-AIDS is something I need to be concerned about	89.3%	6.0%	4.7%
12	PLWHA (Person Living With HIV-AIDS) is identifiable from their appearance	19.3%	35.3%	45.3%
13	I understand information about HIV-AIDS	37.3%	50.7%	12.0%
14	I am not the kind of person who could get HIV-AIDS	46.7%	37.3%	16.0%
15	Employees known to have HIV-AIDS may be fired	6.0%	14.0%	80.0%
16	There is a lack of facilities for PLWHA	63.3%	22.7%	14.0%
17	There is a lack of information about HIV-AIDS	76.0%	14.7%	9.3%
18	Sex education should be carried out only by a religious figure or parent	64.0%	14.7%	21.3%
19	There is effective treatment for HIV-AIDS	12.0%	45.3%	42.7%
20	HIV-AIDS treatment is easy to access	5.3%	34.7%	60.0%
21	HIV-AIDS medicines are affordable	2.7%	29.3%	68.0%
22	HIV-AIDS treatment can effectively treat all symptoms	6.7%	28.0%	65.3%

Table 1 illustrates knowledge levels concerning the different socio-epidemiological aspects of HIV-AIDS. Across the board the respondents appeared to have adequate knowledge about HIV-AIDS and related issues but none reflected extremely strong opinions or indicated complete cognition of the epidemic. 78% of respondents believed that HIV was

the acronym for Human Immuno Virus. 35.8% believed that AIDS was a Western disease but 82.7% did not believe that it was strictly a homosexual illness. 64.7% believed that it was not God's way of punishing sinners but 16.7% were not sure. The belief that HIV is a *kutukan* (curse) is common in HIV-AIDS mythology in developing nations as discussed in Chapter 1 and Chapter 6 concerning HIV-AIDS mythopoesis and the epidemic in public discourse in Indonesia.

Most notably, 52% did not believe it was a serious problem in Indonesia, whereas in fact Indonesia is considered as having one of the highest HIV growth rates in the region¹⁰⁸ (personal communications with a noted Indonesian epidemiologist, Professor Dr Wirawan). 26.7% were not sure that HIV always results in AIDS but 94.7% knew that it attacked the body's immune system. 89.3% believed it was something that they needed to know about but 46.7% did not believe they were the type of person who could become HIV positive.

This presumably reflects the representations of HIV-AIDS in the media and in government statements. Understandings of this kind could also be attributed to the fact that HIV-AIDS is consistently represented as a foreign illness and case reporting predominantly documents statistics from high-risk populations. These young women may have based their own risk assessment upon these assumptions and factors. We need to be reminded that some women would not acknowledge the possibility of being exposed to the illness or vulnerable to infection as it insinuates that they have been implicated in risk behaviours that are culturally unacceptable, such as intravenous drug use or unsafe sex.

63.3% believed that there was a lack of facilities for PLWHA and 76% believed there was a dearth of information about the epidemic. 64% believed that sex education should be led by a religious figure or a parent; this was also reflected in dialogue concerning sex education

¹⁰⁸ An incidence rate study is an extremely time consuming and expensive form of research. Data concerning the epidemic has been obtained from prevalence research. The HIV-AIDS epidemic in Indonesia is concentrated in high-risk communities. In general, the estimated prevalence of PLWHA in Indonesia overall up to the year 2007 is 0.2%. Prevalence in IDU is 60% and in female sex workers is 18%. The estimated number of PLWHA in Indonesia is around 193,000 (National AIDS Commission Data) which is an increase of 70,000 reported cases in the last three years.

as discussed below. Most knew of the lack of effective and affordable anti-retrovirals in Indonesia.

Modes of transmission and preventative measures

Table 2 below reflects knowledge concerning various modes of HIV transmission, and illustrates many misconceptions regarding this issue.

Table 2.

		AGREE	NOT SURE	DISAGREE
1	KISSING	24.0%	17.3%	58.7%
2	SHAKING HANDS	0.0%	2.7%	97.3%
3	FOOD/DRINK	8.7%	15.3%	76.0%
4	MOSQUITO BITES	25.3%	30.7%	44.0%
5	HUGGING	3.3%	4.0%	92.7%
6	BLOOD TRANSFUSION	94.7%	2.7%	2.7%
7	TATTOO/PIERCING PROCESSES	81.3%	8.7%	10.0%
8	SHARING TOILET FACILITIES	8.7%	18.7%	72.7%
9	COUGHING OR SNEEZING	13.3%	32.0%	54.7%
10	SEXUAL INTERCOURSE WITH A VIRGIN	50.7%	26.7%	22.7%
11	BREAST MILK	66.7%	16.0%	17.3%
12	KNIVES/CIRCUMCISION	67.3%	24.7%	8.0%
13	IMMUNISATION	82.7%	9.3%	8.0%
14	INJECTIONS	92.7%	3.3%	4.0%
15	SITTING NEXT TO EACH OTHER	6.0%	5.3%	88.0%
16	INTRAVENOUS DRUG USE	88.7%	5.3%	5.3%
17	SWEAT	12.7%	21.3%	66.0%
18	IN VITRO	65.3%	20.0%	14.7%

19	FAECES	13.3%	30.7%	56.0%
20	SHARING CLOTHES AND TOWELS	7.3%	25.3%	67.3%
21	SEXUAL INTERCOURSE	95.3%	3.3%	1.3%

Table 2 focuses on respondent's knowledge levels of modes of transmission. Results were quite mixed but suggest that young women have some knowledge concerning HIV-AIDS transmission. 24% believed that you could be exposed to the virus through kissing but 97.3% knew it was not transmissible through shaking hands. 30.7% were not sure about mosquito bites but 94.7% were aware of transmission through blood transfusions. 72.7% disagreed that transmission was possible through sharing toilet facilities but 32% were not sure about sneezing and coughing. 95.3% knew that the infection was transmissible through 'non-specific' sexual intercourse. 13.3% thought transmission possible through faecal matter 12.7% still believed it transmissible through sweat.

22.7% did not believe it was possible to become HIV positive through sexual intercourse with a virgin, ignoring the fact that a virgin may still be HIV positive through other modes of transmission, such as blood transfusion.¹⁰⁹ This is a common misconception not only in Indonesia but also in many other developing nations. This misunderstanding has brought about a rise in rape cases of virgins and increased instances of pre-pubescent bride marriages in many West African nations (personal communications with Ghanaian HIV-AIDS activist). In Indonesia this understanding has also facilitated the trafficking of young girls into the sex industry as a means of fulfilling the demand for young 'clean' girls.

In general, the young women I interviewed felt that they knew enough about HIV-AIDS and related issues, mainly through television or through informal discussions with friends, but conceded that if asked they probably wouldn't be able to explain all elements of the epidemic in detail.

¹⁰⁹ For an in-depth and sensitive investigation into understandings of 'virginity' in Bali see Bellows (2003) "Like the West: New sexual practices and modern threats to Balinese-ness", *Review of Indonesian and Malaysian Affairs* 37 (1): 5-17.

P commented that although there was information circulating about the epidemic, she felt that it was largely ineffective: “those responsible for creating HIV-AIDS information, I’m not sure why, just seem to miss the mark, especially NGOs”. R extended upon by this stating:

...the information available is not accessible to all social groups, most significantly villagers and the poor. Most people access information through TV and the internet. What about those that don’t own TVs or can’t use the internet?

This was reiterated by members of the other discussion groups, which perhaps indicates a sensitivity towards the connection between HIV-AIDS education and prevention and an acknowledgement of the need to create group specific communicative tools.

When asked to expand upon the idea of what they believe were effective HIV-AIDS prevention campaigns, the discussion was lively with examples. P and R both believed the most effectual form of campaigning was through the use of shock-tactic statistics (*statistik-statistik yang ngeri*), or through personal narratives of people living with HIV-AIDS. The other focus group discussion described a variety of different examples:

2. “I really like the famous MTV campaign of two years ago that was supported by Close Up toothpaste. It was funky but contained a lot of good information for young people.”

4. “I thought the Chinese government had a good campaign, where in Hong Kong you can find stickers everywhere that say: “no drugs, no sex, no HIV-AIDS”, juxtaposed next to a skull and cross bones. That was aggressive but effective I guess.”

3. “I thought the idea of the condom ATM that was going to be introduced at malls and university had its pros and cons: positive: make people more aware, negative:

facilitate more sex. Better back to basic appropriate education. The general public didn't seem to want it really.”¹¹⁰

7. Believed that the most effective HIV-AIDS campaigning involved real case studies and examples of PLWHA.

6. Believed that it would be appropriate for the discussion (concerning HIV-AIDS) to take place in front of parents or an elder family member, with the audience gender segregated.

The comment by 6 is very much in line with the thinking of National AIDS Commission policy makers and many religious leaders. In this circumstance the opinion of the young woman perhaps reflects her background of strict Islam and relatively conservative mores as reflected in some other comments made by her to come later.

Although all respondents indicated sound knowledge about the particularities of the epidemic, they seemed less than aware that HIV-AIDS was becoming a serious problem in Indonesia. Some did, however, concede that they believed that it was something they personally needed to know about, indicating perhaps that they may consider some of their private behaviours as maintaining some risk potential.

7,11. Believed that HIV-AIDS was a problem and blamed the visible 'loss of culture' occurring in Indonesia due to globalisation.

P. “Yes, (I am at risk), as I am already in a sexually active relationship. I want to be responsible for my own actions and my body, so I need know about HIV. But aside from the issue of sex, I don't take drugs or do anything else (risky).”

¹¹⁰ The condom ATM was a very controversial initiative led by regional AIDS organisations in 2006. The purpose of the condom ATM was to create an environment of anonymity wherein individuals could purchase condoms through a machine, removing the shame of face-to-face transaction. Where the ATMs went ahead, most machines were vandalised and many local authorities refused their installment. This represented a disappointing setback for many who are working hard to break down the barrier between necessary preventative measures and public moralising.

R. "Yes, I have to know! Every woman is more at risk because often they don't know what their boyfriend or husband gets up to. You know- typical males!"

10. Agreed that it was necessary for her to know about HIV-AIDS prevention not owing to her personal behaviours but more because of the fact it was a blood borne virus which can be transmitted through unsafe needle practices in hospitals.

Their comments indicate that not only are some young women admittedly having pre-marital sex but that they are willing to articulate how this places them at some particular risk of infection. They also acknowledge that this predicament is perhaps attributable to their limited negotiating skills and the existing traditional male hegemonic mores. It suggests that women view themselves as in somewhat of a quandary: I am aware that I am at risk but also aware that my abilities to distance myself from that risk are somewhat limited. Consistently, "lust and love are sometimes the greatest of risk behaviours", particularly for young women living in patriarchal gender structures (Ribble, 1997: 377).

Gender specific concepts of 'trust' and 'risk' are predominant in HIV-AIDS discourses. These notions frequently serve to endanger women. It has been noted that, HIV-AIDS, "disrupts the investiture and puts time honored social relations in question: to trust is now to court risk" (Bujra, 2000: 60). The issue of trust was brought up several times in our discussions and was connected strongly to the women's sense of personal risk perception.

Sex education

Having all been through the Indonesian school system, all groups were very opinionated about the topic of sex education. They all believed that sex education in schools was extremely limited and did not equip future generations with the knowledge they needed to become emotionally mature individuals.

P. "Oh it's really crap, just about biology. Actually, young kids these days are already having sex and know all about it. They get information from the internet which is not always the right kind. They should also be informed about relationship responsibility, emotional maturity and contraception. If they have already began having sex and the rest but they aren't aware about other issues involved, how would they cope with unwanted pregnancy, or domestic violence? If they learn all about sex and related issues doesn't necessarily mean they are going to start having sex earlier or become 'sex crazy'. Just more capable of making choices."

R: "[sex education] should begin much earlier. Senior High School seems too late. Starting from Junior High School young kids are already getting pregnant, maybe because they don't really understand about things or lack the knowledge. They are not emotionally or mentally mature enough."

6. Explained that the media, films in particular have had an influence on the way she thinks about sex but this is always takes second place to information obtained from religious leaders and Islamic texts.

V. "I read everything, whatever my mum wouldn't answer, I would go looking for myself. I kept looking until I got an answer..."

A recent paper, "The Influence of the 'Decadent West': Discourses of the Mass Media on Youth Sexuality in Indonesia" (Harding, 2008) highlighted the issues brought up by my informants. Harding also found that "the dominant prohibitive discourse in Indonesia denounces youth sexuality as unhealthy and efforts are made to discourage youth sexuality through scare tactics". She states further that the paucity of information from formal, educational sources serves to endanger young people who are left to fulfill their information needs through questionable avenues such as the internet and the mass media.

Condom use and related behaviours

The table below (Table 3) illustrates opinions concerning condom use, the gendered nature of condom purchasing and how condom use is important in a preventative context.

Table 3.

		AGREE	NOT SURE	DISAGREE
1	Condoms can be used more than once	2.7%	11.3%	86.0%
2	Condoms reduce sexual pleasure	28.0%	58.7%	13.3%
3	Condoms are too expensive or hard to get	5.3%	14.0%	80.7%
4	I am ashamed to buy condoms	56.7%	20.0%	23.3%
5	Condoms are easy to use	55.3%	42.0%	2.7%
6	Condom use is the most effective way to avoid HIV-AIDS	48.7%	27.3%	24.0%
7	Condoms are dangerous as they can be left behind in the body	21.3%	33.3%	45.3%
8	Condoms should not be used in a marital relationships as it may cause suspicion	14.7%	32.7%	52.7%
9	Condoms are better bought by a man	44.7%	25.3%	30.0%
10	Contraception is the responsibility of the female	5.3%	14.0%	80.7%
11	Only those with multiple partners should use condoms	25.3%	14.0%	60.7%
12	Condoms are one way to prevent HIV-AIDS	78.7%	12.0%	9.3%
13	Condoms use is against my religion	10.0%	31.3%	58.7%

Table 3 indicates that 86% of respondents were aware that condoms could only be used once and 80.7% conceded that condoms were readily available. Nevertheless, 42% were

not sure if condoms were easy to use. This may indicate a reluctance to admit to knowledge about condom use since this would suggest that they have experience with such items. Concerning the gendered nature of contraceptive use, 44.7% believed that condoms were better bought by a man but 80.7% agreed that it was not purely the responsibility of the female to use contraceptives.

78.7% knew of condoms as one way to prevent HIV transmission but 31.3% were unclear whether or not condom use would be considered against their religion. Many responded with 'not sure', either indicating a genuine uncertainty about condom use or feigning ignorance about this intimate aspect of HIV-AIDS prevention.

A discussion of condom use is important to understanding the connection between HIV and issues of sex and sexuality. The issue of condom use raised many interesting comments. All groups believed that it was the responsibility of both parties to purchase condoms, but that it was preferably done by the male. None hesitated about discussing this question which indicates that perhaps this is something that they have encountered possibly before, or have at least thought about.

To reiterate, condoms are now readily available in supermarkets, available 24 hours a day, as are a variety of lubricants and spermicides. Several years ago these were quite black market items. This alone indicates a shift in socio-sexual behaviours and perhaps the development of a more accepting public climate. Nevertheless, the awareness of the usefulness of condom use as an effective preventative measure in the respondents view did not extend to marital partnerships.

P. "There is no need...you have already promised to be faithful to one another."

4. "Although there may be a need, if suddenly introduced condoms could cause suspicion between partners."

In Java, gender inequality makes it especially difficult for women to negotiate safer sex with their husbands or know their sexual histories. In most societies and in and around

personal relationships, the absence of a condom during sexual intercourse is seen as “emblematic of intimacy and romance” (Bloor, 1995: 23). Unprotected sexual encounters are rich with notions of romantic love, and in turn associate intercourse with the powerful concepts of trust and honesty.

But these notions do little to assist women in asserting sexual self-determination or arm them with necessary negotiating skills. Women who try to introduce condoms into relationships are often deemed to go against:

traditional gender roles in several ways, including the male prerogative of controlling family members’ behaviour and exhibiting knowledge about, and interest in, sexual behaviour (Raffaelli et. al., 1998: 13).

Nevertheless, in Yogyakarta, the market for condoms has reportedly doubled in the past several years and the variety of condoms and lubricants available are found to be in step with Western countries. From my personal observations it is the female partner that more often than not purchases the condom. Whether or not this is a genuine display of the success of female negotiating skills with regards to safe sex, or the indication of a another power dynamic (the male once again passing the socio-sexual responsibility over to the female), this is an interesting anomaly.

Zondervan in her study of risk perception of young undergraduates in Java (Zondervan, R. 1997, *Risks of Silence*) proposes that the main reason young Javanese appear to choose not to use condoms is that it makes people stop and think about the sexual deed and how their actions have led to this moment. Condoms therefore are symbolic of transgressions that go against traditional mores and invariably precipitate further sexual interaction. She comments that as condoms have to be purchased before sexual intercourse or during the sexual contact the use of it would be discussed. This causes the individuals to think of the sexual act consciously and potentially bring about an interruption in sexual relations. Furthermore, condom purchasing and use consequently necessitates acknowledgement of sexual activity.

There is a general cognitive consistency in the responses of the participants. Respondents display a generalised knowledge about the epidemic yet still maintain strong misconceptions, of HIV being a curse from God as one example, and display conflicting opinions. Once again the contradictory nature of how HIV-AIDS is apprehended in Java is reflected in their responses. On one hand, they do not necessarily believe the epidemic in Indonesia is of personal concern to them and view themselves as distanced from behaviours that facilitate HIV transmission, provide culturally acceptable responses. On the other hand, when probed they admit to having sex and needing to know about HIV and condom use. They comment on the gendered nature of condom use and how condom use brings to light many issues concerning sex and intimate male-female relations.

The follow chapter expands upon several of the concerns raised in the above discussion. From the participants' responses it became clear that the reproductive and sexual worlds of young Javanese women are rich with understandings of options, risk and empowerment. Although these understandings are not regularly explicit in "local moral demographies" they are very much a part of their daily lives (Setel, 1999: 92). I believe that their honest answers and topics raised indicate more sexual activity among youth than is recognised and with regards to HIV-AIDS hints at the prevalence of sexually risky behaviours and the existence of more diverse sexual proclivities.

CHAPTER 10

“BIBIR”- BISIK BISIK REMAJA¹¹¹

The previous chapter detailed the target group’s understanding of HIV-AIDS and cognition of prevention methodologies and modes of transmission, highlighting findings from the quantitative research. This chapter will focus specifically on my participant’s opinions regarding sex, relationships and their personal life experiences as young women living in contemporary Java.

In 2006 I returned to Yogyakarta to conduct qualitative research. A qualitative study was essential as a means of gaining better insight into the complexity of socio-cultural meanings connected to HIV, particularly with regard to the ‘taboo’ issues of sex and sexuality. I conducted focus group discussions with 4 separate groups of young women, each group consisting of 6-8 participants. Focus discussions took place over many sessions (without consideration of time constraints) in order to facilitate natural and fluid conversation.

All the young women involved were current or former university students and came from socio-economically diverse backgrounds. The sample was not aimed at making comparisons between those of different ethnic or religious backgrounds but rather at canvassing the opinions of a cohort of young, urban-dwelling female students. As in the previous chapter, in order to differentiate between speakers, in the discussion below participants are represented by either an initial where the names of the respondents were recorded or otherwise simply by a number. Direct quotes are in parenthesis and others general comments.

Focus groups were considered the most effective medium for this research for reasons outlined in the Introduction. While Zondervan’s suggestion that, “unity and communal

¹¹¹ The chosen title for this chapter, *Bibir* (lips) which is an acronym of *Bisik Bisik remaja*, Youth Whispers, was taken from a radio program I co-presented in 2002-2003 which catered to the reproductive and sexual health information needs of young people in Yogyakarta.

sense are important concepts in Indonesia, and individuality is hardly or not at all stimulated” (1997: 22) may sound rather sweeping, through years of teaching in Yogyakarta, I have certainly found that Javanese usually respond more confidently in a broader group situation as opposed to one on one interaction. Lacking the time to socialise over an extended period with a cohort of young women, in the way described, for example, by Lyn Parker in her in-depth study of adolescent young women in West Sumatra,¹¹² I felt I would not have time to build up the level of personal familiarity and trust required for effective one-to-one interviews. Regarding the possibility that the focus groups would respond with stereotypical, ideologically “appropriate” answers to questions on sexuality, I considered this prospect was likely to be lessened by my Indonesian language skills, the informal nature of the discussions and the fact that I myself am a young woman.

Relationships and sexual maturity

As quoted below, opinions differed greatly regarding the acceptable time to begin a sexual relationship. Respondents seriously considered the question and provided a number of colorful and quite specific examples about the idea of ‘sexual maturity’. This suggests that in the eyes of these women, (contrary to official rhetoric) ‘sexuality’, as a philosophical concept connected to personal identity, is something that they often think about, something that should come with age and something that is articulated through a variety of experiences. It is not seen as dependent on religion fervency, marital status or socio-cultural circumstance. Nevertheless, they all stated that their concept of sexual maturity and sexuality was still colored to some extent by their religion and ethnic background;

P. “17 or 16. But really, up to the person I guess. I wanted to have a boyfriend since Junior High School so I guess everyone is different.”

¹¹² For her study, involving more than 200 interviews, Parker reports on participant observation involving spending time in and around schools “‘hanging out’ at cafes and parks, the markets and shops”, and “attending such social events as I was invited to (weddings, pop concerts and so on), observing adolescents and talking to whoever would talk to me”. (Parker 2009: 69)

R. "In my opinion, its better to wait until after Senior High School. If you are too young you are just not ready. In my Junior High there was a girl who was pregnant at 14! She had an abortion so she could continue her schooling but she was expelled because the school learnt about it beforehand. Another girl was about graduate so had an abortion. But she was also expelled. My school was Catholic, you see. Almost every year there were a few girls who got pregnant. But the majority eventually MBA."¹¹³

P. "At my school there were heaps too! Most people here think 'our kids' aren't like that but young kids here are as naughty as kids anywhere in the world. Society just won't admit it."

1. "Everyone is different, when you feel ready personally."

2. "After marriage."

3. "To do 'everything else'¹¹⁴ is OK already at high school age."

4. "Maybe 18-20, whenever the individual is emotionally mature and not just influenced by TV and movies."

V. "In my opinion, when the person is ready to face all the consequences, there are all kinds of risks aren't there, to be psychologically ready to face their social environment, and also physically ready because if a woman has sex before the age of 20 there is the risk of getting cervical cancer too."

¹¹³ Abortion is a very underreported phenomenon in Indonesia. It is extremely common and very illegal which results in the instance of many 'backyard abortions'. MBA: "Married By Accident" is not a phenomenon unique to Indonesia, but I found it curious that it was an acronym based on English. Although a native English speaker, I had not encountered this expression anywhere else before, but have since heard it bantered almost daily in Indonesia. I am not sure of its linguistic roots, but it is interesting that certain terminology, "free sex", as another example, are Indonesian concepts yet communicated in English language. I stated earlier that perhaps this reflects a kind of cultural dislocation from the behaviours suggested by the expressions.

¹¹⁴ 'Everything else' appears to refer to any other pre-coital activity.

5. “It’s better after marriage but when the individual is mature enough is OK too.”

3. “I remember when I was a child some children were caught kissing in the *mushollah!*”¹¹⁵

5. “I’ve heard of young people having affairs on the train too! It’s everywhere.”

6-11. All agreed that sex before marriage was ‘bad’.

7. Conceded that pre-marital sex went against religious norms.

After one of the FGD had finished, the participants described sexual incidents of various kinds occurring among young people which they had heard about from their peers. These included sexual intercourse at the famous ‘Affandi Art Gallery’ during a school excursion, many stories of copulation in churches, at nightclubs, in public squares, temples, on university campus, cinemas and others. Most conceded that condom use was highly unlikely. That these stories were related in an almost blasé fashion, suggests that these young women find themselves daily in a very colourful and experimental socio-sexual landscape. It is also important to remember that the women interviewed came from very diverse socio-cultural and religious backgrounds, and therefore their accounts reflect incidents occurring at a variety of different sites at different times and in different contexts.

Relationship risks

The young women interviewed were more than able to confidently conceptualise their concerns about male-to-female violence in relationships, and quite candidly expressed their

¹¹⁵ A space, more often than not just a room, where a Moslem can pray. A place considered a very holy and spiritually clean.

opinions about infidelity. Suspicion concerning the faithfulness of their partners was also raised. In relation to examples of relationship violence they stated;

P: "Violence, infidelity, rape. Rape can even occur within already established relationships too. Mental abuse is also very common.¹¹⁶ I have often seen my friends become so beaten down by their partners due to constant criticising and putting down."

R: "Yes, often I see my friends with bruised faces and arms etc. Even though I advise them they usually don't listen. Love is blind, I guess."

1. "I was nearly raped once by a friend of my fathers, a young American man. I could defend myself physically at the time but have always felt bad and weak that I did nothing about it afterwards. It had a really damaging affect on my self-esteem."

P. "I often hear stories about date rape."

1. "Everyone knows it's not on, and it's always the woman who gets hurt. But I read somewhere it's not just Asian woman that accept it, women all over the world find themselves in these situations and take it to certain degrees. For a number of reasons if you think about it."

2. "Many women are socially and financially dependent on their partners and just take the violence."

3. "Love is blind?"

4. "Indonesian women are expected to be obedient even if it is bad for their well-being, like in the case of domestic violence."

¹¹⁶ The respondent described this as "*makan hati*", translated literally as 'eating away at one's heart'.

V. "From my experience I conflict a lot with my partner because I don't like to be bossed around, or forced to do something I don't want. Even if my partner doesn't directly try to control me and is gently manipulative about it, he will always back down, and I have no regrets about that."

5. "Some girls are scared of losing the man and just shut up."

10. Believed that issues of honesty, particularly with regards to those "pretending to be something they are not" were potentially risky behaviours.

The examples disclosed by the respondents above do not necessarily represent a uniquely Indonesian female experience. It is well-documented that as young girls mature they place themselves at greater risk of interpersonal violence, and more commonly, sexual violence, resulting from increased interaction with the opposite sex (Monti-Catania, 1997: 244). However, passivity is a well-established feature of the social construction of women's sexuality in Indonesia and sexual subservience arguably supported. Nowadays, images of romantic love pervasive in the mass media and strongly internalised by young women can exacerbate their vulnerability. It has been observed that young women, with the explicit purpose of 'proving their love' will often submit to the advances of their male partners even if the resulting behaviours are potentially detrimental to their personal well-being (Bellows, 2003: 96).

Examples of infidelity, meanwhile, in my opinion serve to depict an extremely complex and intricate socio-sexual landscape. Infidelity, of all degrees and types, would appear to be extremely common in Indonesia, although official parlance would argue that this is not the case. Many cases of "cheating" between individuals in boyfriend-girlfriend relationships and an attitude whereby such behaviour was considered the norm are reflected by their opinions.

The comments of the focus group participants concerning this issue confirmed personal observations and situations I encountered with regard to infidelity amongst youth in

Yogyakarta. There is a striking inconsistency here with the official ideology of gender and sexuality that promotes monogamy and sex only within marital unions. The respondents' seeming nonchalance when discussing such matters and evident acceptance of these behaviours I found quite intriguing, especially coming from citizens of a country that celebrates socio-sexual and moral conservatism.

P: "Oh yeah, I always hear stories about people cheating. Although it's mainly the boys who cheat. If the girl cheats she's usually trying to find the right guy, shopping around for the better, richer guy; guys do it for the challenge. Typical male, led by their ego! Men usually like to cheat physically, you know 'free sex', whereas girls mainly just like to flirt."

1. "I know a lot of people who cheat. It's like the norm with young people in Indonesia. I don't agree really, but it's everywhere and to different degrees too."

4. "It's difficult for women who are cheated on because it is very taboo to break up a marriage, even if the husband cheats. Thinking about HIV-AIDS cheating can also be dangerous."

2. "Some people just get bored in a long term relationship. There are different degrees of cheating too: TTM : *teman tapi mesra* (close friends who flirt), HTI: *hubungan tanpa ikatan* (relationship without commitment), HTS: *hubungan tanpa status* (relationship lacking status). These are all very common, not matter what your religion or background. Whether you like it or not."

5. "Some people say 'cheating is beautiful'. It may be fun and exciting but it can also be hurtful and dangerous for your health, especially when we talk about HIV."

3. "Maybe it's the adrenaline rush, like a game. Some people like to 'shop' around I guess. Maybe it's ego too."

6. Said that cheating was so common and that those who conducted this lacked the courage to tell the truth and liked 'playing the game'.

The way in which men and women discuss sex and relationships was also addressed:

A. "There is a real difference, I think that guys just talk about sex, for them it's not taboo, but usually when they talk about sex it's more vulgar, typical patriarchal stuff."

V. "Well, maybe my friends are a lot wilder! Maybe it depends on our environment too. Maybe my friends are bad girls...But men generally talk about sexual things and don't talk about feelings, but my experience is a bit different it seems because my male friends will talk about their feelings too."

The comments and experiences raised by the respondents are at odds with the image of feminine helplessness and addressed in the chapters concerning gender and sexuality. On one hand, they describe and confirm the male hegemonic realities of domestic violence and date rape, on the other hand comfortably detail (at the very least) emotional and interpersonal infidelity. Interpersonal relationships that these women describe which extend upon basic boyfriend-girlfriend coupling are diverse, complicated and varied, conflicting greatly with established ideals of modesty and chastity.

The examples they provided were each described with their own vernacular, with verve and as though these realities were very much a part of their lives and daily decision making. I would argue that such attitudes and experiences are unlikely to have been widespread in the time of these young women's mothers' generation, when the image of the young unmarried woman as pure and 'undamaged' as opposed to broken, *rusak*, predominated (Bennett, 2005: 23). The respondents intimated to me that during their mothers' time infidelity more commonly occurred when a couple was already within the bounds of a marital union. These young women describe predicaments more diverse than incidences occurring simply within the confines of marriage. In addition, the instance of HIV-AIDS and the notion of risk

perception have encouraged a degree of self-reflexivity when conceptualising these behaviour patterns.

Notions of feminine ideals and perceptions

When asked to detail the physical prerequisites of the ‘ideal Javanese’ female, the respondents provided very specific, illustrative descriptions:

4. “There are so many rules that are ancient, from the *kraton*¹¹⁷ I guess. She must have almond eyes, very brown eyes. She must be able to dance and invert her elbows. She must walk like a ‘starving tiger’. Have teeth like ‘cucumber seeds’. Small, not pointy nose, small mouth and be slim.”

In addition, Javanese female must be;

P: “Gentle, refined, polite. A good and diligent housewife. May have a career but not let it get in the way of household responsibilities. Obedient and beautiful.”

1. “...feminine, long black hair, always wears a skirt, oval face, ‘crescent moon eyebrows’.”

2. “Accepting of whatever the males in their life ask, no matter what.”

4. “Permissive, and speak with a soft voice.”

6. Said that there were rules and regulations about everything, from appearance to demeanor.

¹¹⁷ The *kraton* is the term for the Javanese palace, the centre of most traditional Javanese customs and social mores.

V. "For me, since I was little my mother was always advising me, my mother had all daughters and felt a big responsibility to bring up good girls...Values were instilled from an early age. Since my first menstruation my mother told me how I had to be a responsible young woman. Be careful of men, socialise at a 'safe' distance...it doesn't matter how much a woman is educated, she will eventually return to the kitchen, according to my mum. I think that is so backwards! But really this is because my mother had herself ambitions and now she supports us to achieve. I agree with her about that, but for the other things..."

Nevertheless, most young women felt somewhat dislocated from these ideals and furthermore the ideals that they are faced with in modern contexts:

3. "[The traditional ideal] is not white like now, or dark like me!"

5. "Small boobs too. Not like me! Haha..."

3. "Whitening cream! That's a popular one! Hard for me with my dark skin. I think we are supposed to be taller too. You can buy vitamins that make you grow. I'm sure it doesn't work though. There is a lot of pressure to be like the models on TV. Most of whom are half foreigner anyway."

R: "I'm not influenced by this stereotype because there's no way I'll ever be like that. But I get influenced by the idea of skin colour because white seems cleaner. Women's opinions about themselves are influenced by other women, not men really. Men usually like a girl with a few curves. Don't always have to be sophisticated."

B. "That's why you never see a top model from Papua because of their dark skin and curly hair! Even if they are tall, sexy..."

P: "Yeah, I guess I'm kinda influenced but there's no way I could ever be like that. I've been a tomboy from the very beginning and very opinionated."

B. "In my village skinny is ugly, unhealthy...I always get called plain, malnourished, bony..."

Modern representations of the contemporary ideal Javanese woman differed to some degree from the traditional model:

P: "Maybe the gentleness and politeness but different too I guess. But the same also..."

R: "The appearance is different. Now Indonesian women are more influenced by the Western models: taking diet pills, bleaching their skin, straightening their hair and enlarging their breasts with cream. I bet if you surveyed Indonesian women they would say that they felt they fall far below the traditional ideal. It seems that this is an active not a passive distancing [from these ideals]. I mean, they don't want to be like that anymore. A little bit 'old fashioned' I guess."

These notions extended beyond just appearances. In the minds of these young women, they felt to be under a variety of different pressures, expected to achieve a number of things:

P: "Now we have to have a career, be independent, get a wealthy and good husband, the main thing is 'be better and have more'. Be a good wife and mother too."¹¹⁸

R: "How can I explain it? Maybe in the time of my mother, young women felt under more pressure because they had no voice and could not discuss their private concerns or their worries, just be accepting [of it all]. So their stress was a little bit different as it was 'unseen'. But young women my age face pressures from all directions. This is also compounded by having to live up to the wishes of their parents. They want us to be more successful and have a better life than they did.

¹¹⁸ This is not to be confused with the other societal construct, *wanita karir*, which is quite a disparaging title.

Even more so when it comes to money! Money is more and more important to my generation ...Our parents want us to achieve all that they could not when they were young...So we feel pressured having to meet the aspirations of our parents too.”

Nevertheless, this was not echoed by all:

1. “More complicated? Not really.”
4. “Maybe we have more bargaining power, and self-determination to make decisions in our lives.”
5. “My mother has always been pushy. She seems to get her way a lot!”

Appearance and sexual identity

Sexual identity, which is strongly connected to morality constructions, is also articulated through “diverse configurations of traits connecting appearance, demeanor and behaviour” (Giddens, 1992: 199). Knowing a person, or being able to place one in a social category by their appearance, is an important aspect of assessing risk-potentiality for both women and men (Dover, 2002: 165).¹¹⁹

The majority of women I talked to believed that they could discern the sort of woman who was likely to be promiscuous, have an STI, or perhaps through the enactment of certain behaviours, be susceptible to HIV-AIDS. Nevertheless, it was noted that the majority of respondents also conceded that these types of generalisations were often damaging and unfounded. It was also interesting that none could figure the same for males.

¹¹⁹ This is echoed in a study from Zambia where one is warned: “Be careful with the brown girls and those with long necks [ie. beautiful girls]. They are the transmitters of big diseases” (Dover, 2002: 164).

Most could identify a 'bad' (read: unclean) girl from a 'good' (read: clean)¹²⁰ girl from a superficial glance:

R: "I think you can tell if she is a 'bad' girl. Skin flashing clothes, sexy body, tacky [*norak*], in general. A girl who has many partners and affairs. Like *perek*.¹²¹ There are rich 'bad' girls who like to party, use drugs and get drunk. Like *ayam kampus*¹²²...There are heaps of girls like that in Yogya."

1. "A bad girl dresses sexy. Her 'assets' exposed, so to speak, haha..."
2. "They don't seem to be studious, like to hang out at malls a lot. Like to smoke and maybe take drugs. These are stereotypes probably though."
3. "Dye their hair all kinds of colours, have a lot of piercings and love to show off, being the centre of attention no matter what."
4. "But on the other hand, it's like they don't care what other people think, about other people's opinions (*cuek*). I'd call them rude and impolite actually, especially in public."
5. "Very flirty with men. Always going to nightclubs..."
- 6-10. All conceded that you can tell a 'bad girl' by the way she socialises, the way she conducts herself, how she wears skin flashing clothing.

6. Added that the majority of 'bad girls' lived in non-restrictive boarding houses.

¹²⁰ A more specific definition: "'clean' women are perceived as having had a limited number of well defined sexual relationships with men, whereas 'unclean' women are those whose relationships with men formed an unspecified series" (Kippax, et. al., 1995: 31).

¹²¹ For discussion on *perek* see Chapter 4.

¹²² *Ayam Kampus* are also documented in Chapter 4.

M. "I don't have the right to judge a person for being 'bad' or not. But according to society a bad girl smokes, drinks, gets drunk..."

B. "Has sex before getting married."

V. "Comes home late at night."

M. "After 9 at night is late. Likes clubbing."

B. "Has tattoos."

M. "Plays billiards."

V. "My town is very religious and all the young girls wear *jilbab* and sometimes mum gets worried about what I wear and tells me to wear not such fitting clothes."

B. "I am all of these things bar the tattoo!! (hahaha)"

But alternatively:

1. "Lots of people blame 'bad girls' for having 'free sex' but how can we really know? Lots of people have sex before marriage but may look like 'good girls' from the outside."

P: "Sometimes you can tell, sometimes you can't. A girl in a *jilbab*¹²³ could just as easily be a 'slut'. You can't always tell a book by its cover."

Discourse surrounding the *jilbab*, the professed "portable conscience for the body" (Parker, 2009: 14), and the symbolism of veil wearing raised many interesting points. When asked whether or not they believed that there were 'bad girls' who wore *jilbab* the respondents were quite vocal:

¹²³ Moslem veil.

V, B, A, M. "Heaps and heaps!!"

M. "So many! They only wear a *jilbab* to cover something up! Maybe they have bad hair, ugly neck or something wrong with their ears...That's why I don't like judging someone by the way they look. They could be pregnant underneath the loose Moslem outfits! Their sexual behaviour could be even worse!"

A. "I heard a funny story once about a girl who wore the big *jilbab* to the ground and worked at the co-op bookshop at UGM.¹²⁴ The girl was pinching stuff, hiding things under her veil...When they checked her out she had stolen three times!"

M. "That annoys me so much. Hypocritical if you ask me...Wearing tight clothing and a *jilbab*..."

The social control of female sexuality through the reinforcement of the notions of 'good girls' and 'bad girls' is characteristic of most patriarchal societies, and this has in turn been reflected in HIV-AIDS educational initiatives (Jenness, et. al., 1995: 74). HIV-AIDS programs in Indonesia have been based consistently and directly on these notions and have had a lasting effect on the way women articulate their risk perception.¹²⁵ Programs for women based on notions of 'bad' or 'good' fail to recognise the realities and complexities of real female situations. Actions may be viewed as safe (good) or risky (bad), but women engage in them for a variety of reasons and may not identify with such categorisations. In relation to HIV-AIDS, I would offer that it seems that young Javanese women have internalised bad/good girl distinctions and many have thus excluded themselves from the negative classification.

Lifestyle

There was consensus concerning the degree of world experience and knowledge accessible to young women nowadays, as opposed to their foremothers:

¹²⁴ UGM, Universitas Gadjah Mada, is a long established and respected university in Yogyakarta.

¹²⁵ HIV-AIDS programs follow these notions in Vietnam as well (Nguyen, 2001).

P: "Definitely [we know more]. We can access the internet, watch non-conservative TV programs and others."

R: "I'm sure I know more about stuff than my mother did. I'm sure she was a lot more naïve. But I'm not sure that this is such a good thing. Maybe Indonesia is getting too opened up before being ready."

1. "I guess my mother was more naïve, especially when you talk about sex and stuff. Now we are also more open minded and perhaps educated."

4. "We don't mess around with what we say (*basa basi*), we are more encouraged to speak our mind I guess, of course still within boundaries."

9. Said that in the past it was rare for a young woman to be single and seeking work before she was married.

Although they conceded that they enjoyed going to malls, surfing the internet, and eating fast food, they were sensitive to the negative, corrosive aspects of globalisation:

P: "No, not all is positive. Life is more complicated and more expensive. More and more unhealthy and problematic."

R: "Yeah, people's thoughts and hearts are not healthy. Let's move back to the village!!"

8. Complained that in contemporary times young people are more impolite, and disrespectful of their elders.

6. Agreed and added that young people are more frequently engaging in pre-marital sex.

9. Commented that from her knowledge there are many elements and pressures that have come with modernity which have led to young people to consider suicide.

They were also articulate concerning the affect of globalisation on young people and traditional socio-cultural mores in general:

4. "I think they are very influenced by the West, Western trends that we see on TV. But I guess we always blame the West for anything negative in Indonesia."

1. "I think essentially though behaviour is the same, which is hard for those that work with trying to educate people about things like HIV-AIDS. We are still very conservative really."

4. "Levels of Javanese culture are being lost and replaced with ideas coming from globalisation. Now we have more of a national identity than a regional one. Mix of 'Indonesian' and Javanese values."

P: "Young kids are maturing too quickly. Act all 'metropolitan'. Starting to do all kinds of things earlier because they want to appear more modern or something."

R: "Yeah, they don't care about culture or tradition anymore."

7. Said that the manner in which young people socialised has also changed immeasurably.

Certain detrimental behaviours considered part and parcel of modernisation and globalisation included drug and alcohol use which has impacted further on the changing socio-sexual landscape. Although this situation is not unique to Indonesia, (young people around the world in all kinds of socio-cultural climes experiment with drugs and alcohol), the growing trend does conflict with conservative Javanese and Islamic mores. In patriarchal societies, drinking and drug use is gendered and women rarely smoke or drink, at least not in public.

According to strict Moslem societies the use of alcohol and other kinds of mind altering substance is forbidden. Nevertheless, drinking and drug use is having a very detrimental affect on young Indonesians who are perhaps not fully aware of the long term effects of drug and alcohol misuse, and not equipped with the emotional skills to control their attitude towards it and behaviour.¹²⁶

P: "I always see it [drug and alcohol abuse]. Especially by young people, Junior High School, Senior High School kids."

6-11. All stated that they often heard about young people indulging in drug and alcohol use but they themselves had never witnessed it. They believed it was because of their conservative religious and socio-cultural background that kept them removed from such behaviours.

Much to the chagrin of the local law enforcement and charismatic authorities, pornography is a huge (and perhaps unforeseen) side effect of globalisation and the opening up of the information highway in Java. Although some kinds of pornography have been available in Indonesia for some time (including locally made, soft porn productions) due to the intensifying hegemony of mainstream Islam, the industry experienced a temporary crackdown. Nevertheless, in the past couple of years the increasing number of available homegrown pornographies is quite remarkable and this indicates a growing demand for such items. The popularity of indigenous pornography contrasts starkly with popularised stereotypical Indonesian conservative view that pornography and the behaviours portrayed there are un-Indonesian.

P: "[Pornography] is everywhere and really easy to get. It used to be really hard. There are heaps made locally too. I once saw one where a girl wearing a *jilbab* giving oral sex to a foreign man! They say she was just a Junior High School kid.

¹²⁶ The number of rehabilitation centres in Java has trebled in the past ten years. The centres, predominantly privately owned and denominational, are mainly occupied with young people facing heroin or alcohol addiction. Education about the negative affects of these substances is not part of the school curriculum as the

So disgusting! I often hear about strip tease or free sex parties too. It's already the norm in Yogyakarta."

R: "There is heaps of porn made here. Usually just kind of amateur though."

9. Said as far as she knew it was very common, and available at most rental outlets, although you needed to know the "secret code word" to access it.

'Free sex' is a linguistic construct regularly passed around by young Javanese people, yet the actual meaning to Indonesian vernacular is not as explicit as one would expect. My informants commented that it could be sex before marriage, or sex with many partners, or simply sex without protection. Nevertheless, all view it as a 'problem' with young people, and believe that it is informed by lax Western attitudes towards sex and based on celebrated Western models seen in popular culture. In an extreme sense, many believe the issue to be symbolic of decaying moral values caused by Westernisation.

P: "Free sex is a huge problem here. Especially with young people. They are starting to have sex when they are in Junior or Senior High School. Not a big deal actually, but I don't think they are emotionally, mentally mature enough, don't know about safe sex or STIs."¹²⁷

R: "Free sex is everywhere now in Yogya."

6-11. All believed that "free sex" was a big problem in Yogyakarta.

9. Commented that this was largely due to lax boarding houses which facilitated "free behaviours" and rebellion in young women.

V. "Sex for free!"

body politic largely denies the existence of such a problem (personal communications with a harm reduction activist in Yogyakarta).

M. "An Indonesian concept."

B. "Sex for free so anyone who is married is actually having 'free sex'. It's for free right? Real sex is sex work! (hahaha)."

The way that young people entertain themselves was also of some concern to my respondents:

P: "Actually I don't really know if young people really like dance music or are just following Western trends or trends from Jakarta. Maybe they want to seem more metropolitan or cool. Acting all cosmopolitan and worldly. Guys probably go to 'rave parties' or clubs because they want to 'pick up', and check out girls. But girls just as easily like to get away with wearing sexy clothes and look at boys. There are heaps of reasons young kids go to parties."

R: "Junior and Senior High School kids are more 'gutsy' and have more entertainment options. Drugs, free sex, its all so easy. When I was in Junior High School it wasn't like this at all! Eventually Yogya will be as free as Jakarta."

8. Looked at it all very negatively and believed that it is reflective of a lack of religious focus.

The sociological situation of young Javanese women is changing, and this is illustrated by my respondents in numerous different ways. Several recent studies have also reflected this. One study found that there was an increasingly long interval between puberty and marriage for most women, an increased diversity of living arrangements for single women and an increasing proportion of young women having sexual relations before marriage (Jones, 2002: 232). The anthropological effects of this must be far reaching.

¹²⁷ STI: Sexually Transmitted Infection

The cohort of young women involved in my research depicted a proactive paradigm shift from “traditional to transformed” gender ideologies and sexuality identities (Kammerer et al., 1995: 68). This behavioural shift is reflected in their concerns about growing instances of ‘free sex’ and the availability of pornography as well as changing patterns in the way young people socialise with the opposite sex.

Their matter of fact and seemingly nonchalant opinions concerning infidelity and cheating were surprising. In addition, the predicaments they illustrate differ from previous conditions where trysts of that kind occurred predominantly within marital union. Nevertheless, their understanding that motivation for ‘cheating’ was gendered aligns with traditional models and their overall acceptance¹²⁸ of this is reflective of previous attitudes.

From the above discussion, it is evident that young women are actually willing to talk about sex and relationship concerns and deconstruct existing gender ideologies. Their candid responses indicate a need for more research to challenge widespread misconceptions and ignorance about prevailing sexual behaviours and lifestyles. This kind of investigation would contribute greatly to the development of policies and programs for improved sexual and reproductive health most particularly with regards to HIV-AIDS.¹²⁹

¹²⁸ The young women also used the term *nrino* which was detailed in the Chapter Two.

¹²⁹ A study conducted in India found similar responses (De Zoysa, 1997)

CONCLUSION

HIV-AIDS AND THE TRANSFORMATION OF SEXUALITY IN YOGYAKARTA

HIV-AIDS continues to concern and perplex contemporary society as it has done since its discovery. It has facilitated the reemergence or the establishment of essentialist, racist, sexist and homophobic ideologies. At the axis of these discursive constructs is the concept of the 'Other' which has been imposed upon traditionally marginalised and stigmatised groups; on an international scale the African continent, within Western societies the gay male.

As the trajectory of HIV-AIDS is traced from its etiological roots up to the formation of preventative measures, the agendas of the implicated stake-holders inadvertently become exposed. The original denial of HIV-AIDS as a condition that could touch the moral majority perpetuated the understanding that if boundaries between 'us' and 'them' were protected the illness would be contained. This encouraged the introduction of metaphoric concepts of the body as fortress, as illustrated in Chapter Two. In some cases the protection of such boundaries resulted in very negative measures such as restricting the dissemination of preventative information, thereby endangering the national body as a whole.

By investigating HIV-AIDS as a transformative phenomenon, like other forces fostering or reflective of change in society, we have been able to learn more about the primary concerns of that society, particularly with regards to gender and sexuality.

We have discovered that women are at greater risk of infection due to inequitable gendered power relations and patriarchal ideology structures that necessitate a woman's lower status. The risk behaviours of love and lust continue to place women in a complex and dangerous predicament. Throughout this investigation into HIV-AIDS it has become evident how female fecundity and the sexual behaviours of women have once again become matters of national concern.

The instance of an infectious epidemic often encourages extreme measures. The spread of the recent H1N1 influenza strain has brought about general panic in the international community; in Bali foreign travelers have been detained for suffering a slight fever, only to be later released after apparent misdiagnosis. In Chile, thousands of swine have been slaughtered in a preemptive attempt to halt the spread of the condition, reminiscent of the overreacting that occurred with the avian flu. Although reactions to infectious illnesses display many similarities, when the condition is transmitted predominately through sexual interaction, the responses become particularly severe and the illness a moral concern. It is as if the illness goes against an ideal sexual ordering.

As has been commented previously, the way in which HIV-AIDS has been apprehended reflects a “characteristic distrust of a pluralistic world” (Sontag, 1988: 18). Sufferers of the epidemic have been largely viewed not as victims (with the exception of cases where the positive individual is an infant or an unsuspecting housewife) but as deserving of the suffering they endure, since it results from their sexual transgression and the enactment of immoral behaviours.

To become HIV positive is in many ways to be exposed. Behaviours otherwise hidden behind closed bedroom doors are revealed and identities disclosed. On a broader scale, through the advent of an HIV epidemic in a purportedly conservative society the national body is similarly exposed. In a country like Indonesia where heteronormativity is the norm and traditional gendered mores are privileged, the existence of an HIV epidemic (one that is growing at an alarming rate) forces re-evaluation and problematises entrenched notions that were previously taken for granted. The philosophy of ‘them’ not ‘us’ is elevated to a national level.

HIV-AIDS in Indonesia

When HIV-AIDS was first introduced to Indonesia, the moral majority were seemingly eager to announce that the initial victim was a foreign gay male. This reality was to influence the manner in which HIV-AIDS was to be addressed until this day. Even those in the higher echelons of the HIV-AIDS preventative movement in Indonesia will highlight this when making reference to the issue of the epidemic's etiological roots.¹³⁰ The contestable reality that HIV-AIDS spread to other regions and to the general population is downplayed.

As discussed in Chapters Six, Seven and Eight, measures taken to address the epidemic persistently focus on maintaining or re-strengthening antiquated ideologies of gendered sexuality. Information concerning HIV-AIDS originating from government bodies emphasises traditional family values and supports conservative heteronormativity. On the other hand, material from alternative sources such as community groups and condom companies recognise the existing diverse sexual proclivities and addresses prevention head on.

HIV-AIDS is growing in Indonesia at an alarming rate (see Appendix 4 for latest figures). Although these epidemiological statistics are partly attributable to the increased numbers of individuals being tested and AIDS related deaths being reported, such figures are indicative of behaviours and realities that politicians and power brokers can no longer ignore.

The fact that the incidence of HIV is rising in young women, both sex workers and others, and is no longer restricted to intravenous drug users and homosexual communities, is reflective of diversifying socio-sexual landscapes and suggestive of behaviours that extend beyond the heterosexual marital normative forms. It suggests that young women are having complex, potentially dangerous interpersonal relationships that require attention.

Gender, sexuality and their discontents

As analysed in Chapter Three, the Javanese gender ideology is informed by heteronormativity and conservative traditional familial mores. These gendered models which often serve to disempower women remain largely unproblematised because they have the weight of both tradition and religion behind them.

In Chapter Four we discovered how these narrow constructions of male and female define and favour a particular sexual identity. We learnt how in both traditional and contemporary Java sex is not a personal experience: it is constructed in the wider context of community norms and national identity. While alternative models that contradict with these ideals have always existed their expression has been marginalised. Such restriction on behaviour and expression encourages the stigmatisation of practices deemed deviant and has facilitated a denial of alternative sexuality models.

In this context the concept of a sexual identity and understanding of sexuality as a philosophical stance became conscious issues of concern among groups adhering to alternative sexuality models, such as gays and lesbians. The advent of HIV-AIDS intensified this identity awareness among sexually 'deviant' groups, targeted by preventative measures and information campaigns, while the majority of the population were exhorted to maintain the status quo.

Yet through discussions with my respondents the emergence of diversifying behaviours are indicative of a paradigm shift. In Chapter Five and Six we discovered that young Javanese women are beginning to express a sense of entitlement to develop their own attitudes to sexual behaviour, as opposed to following prescribed norms and are acknowledging the existence of a range of sexual behaviours and locating themselves in relation to these.

¹³⁰ As late as May 2009 I attended a forum discussing future programs addressing the epidemic in Bali. The keynote speaker, the Head of the Provincial Health Service, although addressing issues of a generalised

HIV-AIDS, sexuality and young women in contemporary Yogyakarta

By using HIV-AIDS as an entry point we have been able to explore emerging shades of grey and in turn revealed diversifying attitudes about new and continuing discursive constructions of sexuality and gender. We have discovered how sexuality plays out in contemporary contexts, how it is regulated, which of its expressions are allowed in and which are not.

As we have discovered, current discourses on youth sexuality in Java contradict the actual socio-sexual realities of young women and the relatively progressive course they appear to be taking, as exemplified in modernising socialising patterns and increasingly flexible attitudes towards courting, interpersonal relationships and identity models.

The cohort of young women I involved in the research for this dissertation displayed a developing paradigm shift from traditional to transformed gender ideologies and sexuality identities. By specifically focusing on HIV-AIDS we have discovered the disparity between societal rules (what society says we ought to do), norms (what society says it does and the reality (what society in fact does) in contemporary Javanese contexts. Furthermore, the official, self-promulgated image of a culture wherein monogamy, heterosexuality and the protection of female virginity are normative values is directly being challenged in the time of HIV-AIDS.

This changing condition was most significantly expressed when I investigated whether or not young women felt that they were at risk of infection. Several of the respondents agreed that they felt at risk, owing to the fact that they were already or had been having sexual relationships. The phenomenon of 'free sex' was also brought up by these young women as evidence of such a reality. The fact that these women had a concept of risk and prevention vis-à-vis their own personal behaviours was also indicated in their responses.

epidemic, would consistently return to the foreign origins of the epidemic.

The dominant discourse in Java concerning female youth sexuality and sexual behaviours to a large degree denounces youth sexuality as unhealthy. This is regularly reinforced through intimidation about premarital sex and other transgressive forms of socio-sexual interaction. The consistent emphasis on youth sex as unhealthy, although something young women think about, has not served to necessarily deter them from exploring notions of sexuality. From our discussions it became evident that young women, in the context of HIV-AIDS, have developed an understanding of prevention and are adopting a self-reflexive construction of socio-sexual responsibility that extends beyond the official discourse emphasising taboos and conservative moral values.

We can directly investigate the connection between HIV-AIDS and changing socio-sexual models when we discuss attitudes and conduct connected not only to risk behaviours but also to understandings of socio-sexual responsibility. For example, all of my respondents addressed directly the issue of cheating as relatively normal behaviour (although one not necessarily appreciated) and expressed concern about the behaviours of their male partners.

The relationship between changing socio-sexual patterns and HIV-AIDS was further exposed in our discussion concerning condoms. When exploring condom use in a preventative context we were able to unearth a number of behaviours and admissions that would otherwise not have come to light. As condoms are symbolic of alternative forms of interpersonal relationships that extend beyond marital unions, and of actions that go against traditional mores, knowledge and/or use of condoms indicates not only a behavioural but more importantly a conceptual shift.

As highlighted in Chapter 9, condom purchasing and use necessitates explicit or implicit acknowledgement of sexual activity and an awareness of the act to take place. In addition, as we discovered in the media analysis, through the act of condom negotiation gendered power relations and associated ideological beliefs come to light. Female sex workers must work within this framework to ensure safe sex, nevertheless they continue to take initiatives and prevail. On the other hand, my respondents intimated to me the difficulty of introducing condoms into serious relationships. Regardless of issues of agency and

circumstances surrounding condom use, the whole issue of condoms serves to facilitate public discussion of sex and allows for more open discourse.

As illustrated in our discussions, talking about sexuality as a philosophical construct is an admission of sexual change. A willingness to engage in forms of sexual communication (albeit in a preventative, health context) reveals a divergence from traditional behaviours to actual contemporary realities.

In addition, the modernising socialising patterns these women enjoy in many ways act as a resistance to the hegemonic sexual culture that dictates male/female interaction and censures behaviours that go outside the expected gendered framework. I believe that although young women may feel precariously exposed in modern contexts to diversifying social and cultural pressures, throughout this process they are also negotiating new spaces for themselves which challenge traditional models and expectations.

The lively young women involved in the research spoke of colorful, complex interpersonal relationships, opened up to me about personal sexual experiences and conveyed a developed concept of risk and prevention behaviour. The examples of *selingkuh* (cheating) in particular are suggestive of behaviours that contort traditional courtship conventions. These young women are developing a concept of sexual maturity, one that is not restricted to marriage, that is a personal philosophical concern and are contemplating awareness about the responsibilities of negotiating their sexual lives, even if only in a theoretical context.

Future directions

Throughout this dissertation we have discovered the manner in which young women are implicated by HIV-AIDS. We have learnt how HIV-AIDS is understood as a gendered phenomenon and one that has served to support the traditional gender ideology. We have investigated changing socio-sexual landscapes and how young women negotiate these evolving spaces. We have discussed female/male relationships and developing identity

models. What we have yet to learn is the impact of these transforming realities on young men; men have only been referred to as adjuncts or passive participants. To investigate these same phenomena extrapolated on a male experience would contribute greatly to the study of gender in contemporary Javanese contexts.

As young women are exploring their diversifying circumstances the traditional hegemony is to some degree being challenged. Just how this impacts upon young males is yet to be explored. Developing heterosexual masculinities have rarely been investigated. Male sexuality, when not in the context of homosexuality, is a relatively untouched anthropological arena in Indonesia.

Research into male understandings of love, sex and risk will undoubtedly shed light on the changing nature of gender attitudes more generally. An investigation into the context of interpersonal relationships from a young Javanese male perspective and research into their sexual health knowledge would serve to rectify the paucity of material concerning these potentially evolving masculinity forms and identity models.

As explored in this dissertation the changing socio-sexual realities of young men and women that may inevitably result in poor sexual health outcomes beget immediate attention from both policy makers and researchers. In addition, it is only by focusing on the overall socio-cultural, economic and political dimensions of sexual experience in the context of contemporary Javanese worlds that researchers may begin to develop more in-depth understandings that would facilitate the creation of foundations for appropriate practices and policies that are more responsive to the spread of the HIV epidemic in Indonesia.

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Aidsina Milis

Perempuan Milis

Y. Abdullah, 2/6/2006, "Indonesia lebih barat dari barat?".

APPENDIX 1

(Holding Hands) Vox-Populi Documentary Transcript

Semua opini dalam film ini tentang HIV-AIDS adalah tidak mutlak benar, inilah realita sosial kita dan realita HIV-AIDS dalam masyarakat kita, Yogyakarta.

Opinions expressed in this documentary are not necessarily factually correct; they are diverse reflections of our social realities and the perception of HIV-AIDS in Yogyakarta. Translation is not literal but aimed at capturing the essence of the participant's beliefs and the energy behind their commentary.

HIV-AIDS itu apaan sih?

What is HIV-AIDS?

Mbak Waria/Female Transgender

HIV itu singkatan dari Human Immuni Deficient Tephus.

HIV is the acronym of Human Immuni Deficient Tephus.

Mahasiswi-mahasiswi/Female University Students

Penyakit, virus yang mematikan...Penyakit atau virus sih?

Illness, a deadly virus...Oh, is it a disease or virus?

Mbak Waria/Female Transgender

HIV-AIDS, HIV itu adalah virusnya, terus AIDS adalah penyakitnya.

HIV-AIDS, HIV is the virus, and AIDS is the disease.

Pengunjung cafe perempuan/Female Bar Customer

HIV-AIDS itu adalah kelainan sistem imun pada tubuh yang disebabkan karena virus HIV.

HIV-AIDS is a disorder which affects the immune system and is caused by the virus HIV.

Remaja nongkrong/Youth Hanging-Out

Mematikanlah penyakitnya.

It kills you.

Konsumen soto laki-laki/Male Restaurant Customer

HIV-AIDS itu penyakit yang paling berbahaya, menular. Saya kira kalau sekarang masyarakat umum udah pada tahu ya mas ya.

HIV-AIDS is the deadliest of diseases, it's infectious. I'm pretty sure that the majority of the population already know about it.

Anak kos-kosan laki-laki/Male Boarding House Student

Virus yang berasal dari kera yang menular dan infeksi pada manusia dan sampai sekarang belum ada obatnya.

The virus comes from monkeys, and has been transmitted to humans, and until now they don't have a cure.

Bapak/Elderly Man

(Bapak tahu tentang HIV-AIDS ga?) HIV-AIDS? Ga tahu. Sudah lupa ye.

(Excuse me Sir, do you know anything about HIV-AIDS?) HIV-AIDS? No, I don't think so. I've forgotten.

(Tapi pernah dengar nggak?) Pernah, itu bantuan dari Australia itu.

(But you have heard of it before, haven't you?) Yes, it was that assistance organization from Australia, wasn't it?

Ibu/Elderly Female

(Ibu tahu ga tentang HIV-AIDS ?) Ora ngerti aku. Tenane ora ngerti aku.

(Excuse me Ma'am, what is HIV-AIDS?) I wouldn't have a clue. Honestly, I've never heard of it.

Pemusik indie laki-laki/Male Indie Musician

(Mas anda pernah dengar tentang HIV-AIDS?) Ahh..sangat sangat sering saya mendengarkan HIV-AIDS.

(Have you ever heard about HIV-AIDS?) Oh, yeah, yeah I really have heard all about it.

(Pernah dengar?) Sangat sangat...

(So, you have heard of it?) Definitely, definitely have.

(Apa itu HIV-AIDS? Apa itu menurut mas?) Ahh..penyakit karena sering bercinta dan sering menyuntikkan sesuatu didalam tubuhnya.

(What is HIV-AIDS? What do you reckon it is?) Umm...a disease caused by too much sex and too much shooting up crap into your body.

Ibu/Older Woman

(Ibu tahu tentang HIV-AIDS ga ?) Mboten he...Meniko nopo?

(Ma'am, do you know about HIV-AIDS?) No, no, hmm...What is it?

(Tapi udah pernah dengar belum?) Belum.

(So, you have never heard of it?) Not yet.

Bapak timer bis/Male Bus Timer

(Bapak pernah dengar itu HIV-AIDS?) Nggak..nggak pernah.

(Sir, have you ever heard of HIV-AIDS?) No, never heard of it.

(Nggak pernah dengar? Atau paling ga pernah tahu atau bagaimana?) Nggak..nggak pernah he pak.
Nggak pernah lihat eh.

(Never heard of it? Or maybe just don't know what it is?) Nup...never. Never seen it.

Mas penjual kacang/Male Peanut Vendor

(Pak tahu ga tentang HIV-AIDS?) Ya cuman mungkin dari informasi ya dikit-dikit lah mungkin dari koran atau apa itu dari puskesmas, itu penyakit oh.

(Do you know about HIV-AIDS?) Yeah, maybe just a little bit, from the paper or the local health centre, it's a disease.

(HIV-AIDS itu apaan sih?) Ya mungkin tuh penyakit-penyakit ya seperti apa...ya seperti penyakit itu lah...yang banyak-banyak di itu...seperti apa...orang yang senang seks itu ya, kurang lebihnya kayak gitu...tapi ga begitu nganulah gitu.

(HIV-AIDS, can you tell me more?) Yeah, maybe just that it is a some kind of disease...one of 'those' kinds of diseases...yeah all kinds of...umm...like what yeah...people who like sex...something around those lines...but I don't really know...

Mahasiswi/Female University Student

AIDS itu kan penyakit...menuar seks yang apa sih..hehehe..mengerikan¹³¹..hahaha..

AIDS is a disease right...you get through sex which is you know...hehehe...creepy...hahaha.

Mas Satpam/Security Guard

Ya setahu saya itu cuman..sebuah virus yang belum ada penyembuhnya tok.

Yes, as far as I know...it's a kind of virus which has no cure.

Bagaimana sih cara penularan HIV-AIDS?

How does one get infected by HIV-AIDS?

Remaja waria/Female Transgender

Penularane HIV-AIDS itu melalui empat cairan..cairan darah, cairan vagina, air mani dan air susu ibu.

¹³¹ "mengerikan" usually translates as perhaps scary or frightening, but due to the young girl's demeanor and embarrassment I have chosen another term. She may also mean, 'weird'.

HIV is transmitted through 4 different fluids...blood fluids, vaginal fluids, sperm fluids and breast milk.

Remaja nongkrong/Youth Hanging-Out

Seks bebas..jarum suntik..

'Free Sex'...injectible needles...

Siswi SMP/Female High School Student

Melalui...ah...jarum suntik, terus tattoo yang tidak steril sama hubungan seks bebas.

Through...hmm...injections, dirty tattooing processes and through 'free sex'.

Seniman di cafe/Male Artist Bar Customer

Ya..tukar jarum suntik..terus kalau pakai untuk yang user-user itu..terus seks yang tidak aman dalam arti yang ga aman aja mereka ga memperhatikan keamanannya..hahaha.

Yeah...by sharing needles...between users...unsafe sex in the sense that you don't pay attention to being safe...hahaha...

Mahasiswa/Male University Student

Jarum suntik, hubungan seksual, atau bahkan dengan waktu transfusi darah, dan secara genetik atau keturunan.

Through needles, sexual intercourse, or perhaps through blood transfusions, also genetically and from one generation to another.

Tukang parkir/Car Park Attendant

Salah satunya bersinggungan langsung dengan penderitanya, ya bisa lewat opo..penciuman! Sama air ludah.

One of the ways is through contact with the carriers, yeah you could get it through...kissing! And through saliva.

Ibu pedagang kaki lima/Older Female Food Stall Vender

Mungkin kalau kamar mandi umum itu juga bisa jadi.

Maybe you could even get it through using the public toilet, you never know.

Konsumen soto laki-laki/Male Restaurant Customer

Malpraktek..kalau seumpamanya pakai sistem bedah seperti saya pernah baca di Kompas, terus peralatannya ga steril..ya..pakai sistem bedah tapi peralatannya ga higien ya akhirnya tertular gitu.

Malpractice...if for example using a surgical system like something I once read in Kompas¹³² wherein the instruments were not sterile...yeah...a surgical process where perhaps the instruments were not hygienic and the virus gets passed on that way.

Mahasiswa/Male University Student

Penyebarannya lewat jarum suntik yang bergantian, terus, ah..apa..hubungan seks dengan pasangan atau gonta-ganti pasangan tanpa menggunakan alat kontrasepsi, yang ketiga mungkin ya itu kayak transfusi darah yang jarumnya yang sama.

It is spread through sharing needles...what else...sex with a partner or many partners without contraception, the third I think is through blood transfusions using the same needle.

Kelompok mahasiswi/Group of Female University Students

Lewat darah..hubungan seks eh...cairan cairan..darah bukan? Darah juga cairan...Darah, darah juga..lewat jarum suntik...pokoknya air ludah lah.

Through blood...sexual intercourse...fluids...blood right? Blood and fluids...blood, blood...also through injections...basically through saliva.

Remaja nongkrong laki-laki/Male Youth Hanging-Out

Air sperma, nyebar lewat jarum suntik, nyebar lewat air liur..

Sperm fluids, it spreads through needles, saliva...

Bartender wanita/Female Bartender

Berganti-ganti pasangan mas..hahaha...

Sleeping around...hahaha...

Tukang potong rambut laki-laki/Barber

(Mas Zaenal tahu tentang penularannya?) Itu ga tahu mas..

(Mr Zaenal do you know about how HIV is transmitted?) I wouldn't know...

Pemusik indie laki-laki/Male Indie Musician

(Cara penularannya lewat apa aja menurut mas?) Ya itu tadi..ngentot sama ngetep..seperti itu lah.

(In your opinion, how is HIV spread?) Yeah like that...fucking and shooting up...something along those lines...

Mbak waria/Female Transgender

¹³² Kompas is arguably Indonesia's most respected and widely read daily periodical.

Melalui hubungan seks yang tanpa menggunakan kondom, terus melakukan eh..seks bebas juga tanpa kondom..dan melakukan jarum suntik bersama disterilkan terlebih dahulu.

Through sex without using condoms, and then by doing... 'free sex' without using condoms...and through unsterile needles.

Mbak salon/Female Hairdresser

Ah..jangan berhubungan seksual sembarangan kan! Hahaha..

Ah...don't sleep around! Hahahaha

Bagaimana cara menanggulangnya?!

How can we prevent it?!

Mbak waria/Female Transgender

Ah..menurut aku..untuk mengurangi tingkat penularan HIV-AIDS yang jelas, karena aku seorang waria, aku harus bisa benar-benar seks secara aman misalkan memakai kondom.

In my opinion...to stop cases of HIV-AIDS increasing...most importantly for me as female transgender...I must always make sure to have safe sex, for example by using a condom.

Mbak waria/Female Transgender

Melakukan seks tanpa bergonta-ganti pasangan..terus melakukan seks dengan menggunakan kondom.....eh bagi pengguna napza em..penyuntikan obat dalam tubuhnya itu..ah harus menggunakan jarum yang sudah disterilkan mbak.

Being faithful to one partner...or having sex with a condom...as for IDU's¹³³...those that like to shoot up...they need to use sterile needles.

Pasangan muda/Young Couple

(lakinya) Banyak sih mbak, salah satunya itu kalau kita berhubungan seks ya pakai kondom itu tadi mbak..

(male) There are many ways, one of them is to make sure you wear a condom when you have sex...

(wanitanya) Ya jangan sampai lah gonta-ganti pasangan..

(female) Well, don't let it get to the point where you are having more than one partner!

(lakinya) Hayo..tapi kan jangan sampai berhubungan seks ah..kalau belum diluar nikah..dosa tahu mbak..terus ini mbak..selain itu, cara ya kita harus benar-benar berperilaku yang pakai loba-loba..ga usah lah yang namanya tubuh ditattoo kayak gitu..kan ga penting banget..terus pakai narkoba juga ga penting banget kan..anak muda kayak gitu ah..bodoh amat..

¹³³ IDU, Intravenous Drug User.

(male) Oh yeah...of course don't get to the point where you have sex...if you aren't married yet...that's a sin remember...and this is important too...people really have to learn to live a 'normal' more moral life...don't get a tattoo...that kind of thing...what's the point?...then using drugs...dumb young kids really...it's just stupid...

(wanitanya) Amin..ya Allah

(female) Amen...Amen...

(lakinya) Capek..

(male) It's so tiresome...

Pasangan muda kedua/Second Young Couple

(Kira-kira untuk mengurangi penyebaran virus tersebut bagaimana mas?)

(How can we stop the spread of HIV?)

(lakinya) Ah...secara ga langsung ya kita...mengurangi hubungan intim..seperti kami ini ya...cuman nostalgia biasa..hahaha..setelah itu ya...sampai pagi katakanlah sampai begadang dan kembali seperti tempat semula. Sementara untuk pemakai narkoba atau suntik-suntikan itu kalau bisa ya dihindari, hanya sebatas minum bir ajalah katakanlah hobi-hobian aja yang ngetrend sekarang.

(male) Ah...one direct way...is by not having sex...like us...just sharing nostalgia together...hahaha...after that...until late then return to our own homes...As for drug users they should try to stop, why not just have a beer instead?...like the popular trend now...just for fun like other young people.

(Mbaknya mau nambahin ga?)

(*directed at the female* Would you like to add anything?)

(wanitanya) Kalau menurut saya, eh..tetap setia dengan pasangannya, dan harus menjaga hubungan dengan pasangan tersebut, kalau bisa memakai alat kontrasepsi.

(female) In my opinion, stay faithful to your partner, be protective of that relationship, if you can wear contraception.

Seniman teater laki-laki/Male Performance Artist

Eh..saya ingat Mama Lorens kemarin itu pernah, pernah, ngomong di TV, akan ada perempuan Indonesia yang menemukan obat HIV dan itu di dunia tidak ada kecuali orang, perempuan Indonesia itu. Dan itu saya pikir sangat menarik.

I remember the other day what Mama Lorens said, she once said on TV, that there will be an Indonesian woman that finds the cure to HIV, no-one else in the world, just her apparently. I think that's really interesting.

Bartender laki-laki/Male Bartender

Yang sudah beristeri, kalau yang sudah beristeri, ya jangan selingkuh, satu, yang masih muda-muda ya diusahakan jangan jajan¹³⁴, yang belum menikah lho ya..

For those who are already in a relationship, don't sleep around, that's number one, for those young things out there, don't go visiting prostitutes, you guys that aren't married yet...

Remaja nongkrong laki-laki/Male Youth Hanging-Out

Yang pertama, yang jelas, ah..kalau misalnya, kita menginginkan bersenggama menggunakan kondom, itu yang pertama. Kemudian kalau, kita belum mengenal, menginginkan hubungan senggama ya..menurut saya..tidak terlalu berisiko..kalau sekedar seperti petting, kiss..french kiss..atau..lain sebagainya..istilah-istilah orang berhubungan..

The first thing, clearly...well for example, if we wish to have intercourse use a condom, that's the most important thing. After that, if we don't really know each other, in my opinion, it's not as risky if you just do petting, kissing...french kissing...or...something else...things that people do...

Satpam/Security Guard

(Kira-kira gimana ya cara mengurangi penyebaran virus tersebut?)

(What kinds of things can we do to stop the spread of the virus?)

Ya kalau itu..malah kurang tahu..dokter aja belum tahu kok itu..hahaha.

As for that...I don't really know...even doctors don't really know...hahaha.

Mahasiswa/Male University Student

Yang paling penting itu satu..cuman semakin mendekatkan diri kepada Tuhan.

The most important thing to do...is simply to bring yourself closer to God.

Kalau ada teman atau saudara yang terjangkit HIV-AIDS bagaimana cara menyikapinya?

If either your friend or relative were infected by HIV-AIDS how would you react?

Ibu pedagang kaki lima/Older Female Food Stall Vender

Ya kita berusaha membesarkan hatinya, bahwa itu mungkin ya..lah itu ada obatnya ga ya?

We should try to open our heart to them, that's one way...by the way, is there a cure?

Wanita muda/Young Woman

Kalaupun ada saudara yang terkena ya..ya sikapnya ya..supportif maksudnya ga berubah..ya ga diskriminasi lah..soalnya kan kalau kita tahu bagaimana cara penularannya pasti jadinya kita ga

¹³⁴ "Jajan" literally means to snack, but in this particular context has sexual connotations.

diskriminasi..Tapi kan kadang orang mungkin mikir..salaman atau makan bareng bisa nular..asal kita tahu media penularannya terus kita supportif lah pokoknya.

If one of my relatives got it...I would...be supportive, I mean not change the way I treat them...not be discriminative...because we already know how you can get it...but then sometimes people wrongly think...that by shaking hands or eating together you can get infected...as long we know how it is transmitted and we are supportive that's the main thing.

Seniman laki-laki/Male Artist Bar Customer

Kalau takut sekali ga begitu tapi kalau..yang lebih menakutkan sebenarnya stigma dari masyarakat aja..ya itu yang paling menakutkan. Ya bersikap secara normal aja, bersikap secara biasa aja, memperlakukan mereka seperti orang yang..yang layak aja. Tapi jelas harus dengan apa ya..kadang-kadang..yang parah itu sebenarnya karena mereka ga tahu harus bagaimana. Itu yang parah sebetulnya. Kalau kita memberi pengertian harus begini harus begini ya aku pikir ga begitu masalah hidup ditengah-tengah orang ODHA. With regards to being scared, no not really...what's scarier is the issue of stigma from society...that's the most frightening thing. Just treat them normally, treat them no differently, like you would other people...properly. But the main thing...sometimes...the worst thing is that people don't know what to do. That's the hardest thing. If we explain to them do this and don't do that I think it is no problem to live amongst PLWHA.

Remaja nongkrong/Male Youth Hanging-Out

Sikap saya ya..gimana ya..menasehati lah..biar tidak terjangkit kayak gitu lagi..harus berjuang..supaya tidak terkena lagi.

I would react...I don't know...just advise them...so they don't catch HIV again...gotta keep fighting...so they don't get infected again.

Seniman America/Female Artist from America

Tapi sebetulnya masih bisa hidup cukup lama..cuman dia harus sedikit berubah cara hidup seperti merokok harus berhenti, dengan cara hidup dia suka pesta-pesta..

But really they can still live for a long time...just have to change they way they live a bit...stop smoking, lifestyle change from partying...

Siswi SMP/Female High School Student

Ya sebaiknya kita jangan jauhkan dia, kita tetap merangkul dia, agar dia bisa memotivasi dirinya untuk mempunyai semangat hiduplah.

It is important that we don't avoid them, hold them close to us, so their lives remain full and positive.

Seniman America/Female Artist from America

Kalau holding hands, gapapa..

Hold hands with them, it's no big deal...

APPENDIX 2

SURVEY SUMMARIES

BIODATA

UMUR:	UNDER 20: 35.3%
	20-30: 64.7%
DAERAH ASAL:	YOGYAKARTA: 14%
	JAWA TENGAH: 38.7%
	JAWA BARAT: 12.7%
	JAWA TIMUR: 6.7%
	JAKARTA: 6.0%
	DILUAR PULAU JAWA: 22.0%
PENDIDIKAN:	TIDAK BERSEKOLAH: 0.7%
	SD: 1.3%
	SMP: 2.0%
	SMA: 12.7%
	S1: 81.3%
	S2: 2.0%
PEKERJAAN:	MAHASISWA: 80.7%
	PEKERJA SWASTA: 7.3%
	PEGAWAI NEGERIA: 2.0%
	WIRASWASTA: 5.3%
	TIDAK BEKERJA: 2.7
	DLL: 2.0%

STATUS: CERAI: 2.0%
SUDAH MENIKAH: 2.0%
BUJANG: 96.0%

JUMLAH ANAK: BELUM PUNYA: 95.3%
1-2: 1.3%
3-4: 2.7%
4-5: 0.7%

AGAMA: KATOLIK: 9.3%
KRISTEN: 8.0%
ISLAM: 80.7%
BUDHA: 0.78%
HINDU: 1.3%

PENGETAHUAN HIV-AIDS

		SETUJU	RAGU2	TIDAK SETUJU
1	HIV singkatan dari Human Immuno Virus	78.0%	15.3%	6.7%
2	AIDS singkatan dari Acquired Immune Deficiency Syndrome	90.0%	6.7%	3.3%
3	HIV-AIDS adalah penyakit dari barat	35.3%	33.3%	31.3%
4	HIV-AIDS hanya adalah penyakit orang homoseks	5.3%	12.0%	82.7%
5	HIV-AIDS berasal dari monyet	22.0%	28.7%	49.3%
6	HIV-AIDS adalah cara Tuhan untuk menghukum orang berdosa atau jahat	19.3%	16.0%	64.7%
7	HIV-AIDS adalah wabah di Indonesia	27.3%	20.7%	52.0%
8	HIV tidak tentu menyebabkan AIDS	28.7%	26.7%	44.7%
9	HIV-AIDS termasuk Penyakit Menular Seksual (PMS)	88.7%	2.0%	9.3%
10	HIV-AIDS menyerang dan mengganggu fungsi sistem kekebalan tubuh	94.7%	3.3%	2.0%
11	HIV-AIDS adalah sesuatu yang perlu diprihatin	89.3%	6.0%	4.7%
12	ODHA (orang dengan HIV-AIDS) kelihatan dari penampilannya	19.3%	35.3%	45.3%
13	Saya cukup memahami informasi HIV-AIDS	37.3%	50.7%	12.0%
14	Saya bukan tipe orang yang bisa kena HIV-AIDS	46.7%	37.3%	16.0%
15	Orang yang ketahuan terinfeksi HIV-AIDS boleh dipecat	6.0%	14.0%	80.0%

16	Ada kekurangan fasilitas untuk ODHA	63.3%	22.7%	14.0%
17	Ada kekurangan informasi tentang HIV-AIDS	76.0%	14.7%	9.3%
18	Pendidikan seks seharusnya lewat pemimpin agama atau ortu	64.0%	14.7%	21.3%
19	Sudah ada pengobatan efektif untuk HIV-AIDS	12.0%	45.3%	42.7%
20	Obat-obat HIV-AIDS mudah didapat	5.3%	34.7%	60.0%
21	Obat-obat HIV-AIDS murah	2.7%	29.3%	68.0%
22	Obat-obat HIV-AIDS bisa menyembuhkan semua gejalanya	6.7%	28.0%	65.3%

PEMAKAIAN KONDOM

		SETUJU	RAGU2	TIDAK SETUJU
1	Kondom bisa dipakai lebih dari sekali	2.7%	11.3%	86.0%
2	Kondom mengurangi kenikmatan hubungan seksual	28.0%	58.7%	13.3%
3	Kondom terlalu mahal atau susah didapat	5.3%	14.0%	80.7%
4	Saya malu beli kondom	56.7%	20.0%	23.3%
5	Kondom mudah digunakan	55.3%	42.0%	2.7%
6	Kondom adalah metode yang paling efektif untuk menghindari HIV-AIDS	48.7%	27.3%	24.0%
7	Kondom berbahaya karena bisa tertinggal di tubuh	21.3%	33.3%	45.3%
8	Kondom tidak baik dipakai dalam hubungan suami-isteri alasannya menyebabkan rasa curiga	14.7%	32.7%	52.7%
9	Kondom lebih baik dibeli laki-laki	44.7%	25.3%	30.0%
10	Kontrasepsi itu tanggung jawab perempuannya	5.3%	14.0%	80.7%
11	Hanya orang yang ganti-ganti pasangan seharusnya memakai kondom	25.3%	14.0%	60.7%
12	Kondom adalah salah satu cara mencegah HIV-AIDS	78.7%	12.0%	9.3%
13	Menggunakan kondom bertentangan dengan agama saya	10.0%	31.3%	58.7%

HIV-AIDS BISA MENULAR MELALUI

		SETUJU	RAGU2	TIDAK SETUJU
1	CIUMAN	24.0%	17.3%	58.7%
2	BERSALAMAN	0.0%	2.7%	97.3%
3	MINUMAN/MAKANAN	8.7%	15.3%	76.0%
4	GIGITAN NYAMUK	25.3%	30.7%	44.0%
5	PELUKAN	3.3%	4.0%	92.7%
6	TRANSFUSI DARAH	94.7%	2.7%	2.7%
7	PROCESS TINDIK/TATTOO	81.3%	8.7%	10.0%
8	MEMAKAI WC ORANG LAIN	8.7%	18.7%	72.7%
9	BATUK DAN BERSIN	13.3%	32.0%	54.7%
10	HUBUNGAN SEKS DENGAN PERAWAN	50.7%	26.7%	22.7%
11	AIR SUSU IBU	66.7%	16.0%	17.3%
12	PISAU/SUNAT	67.3%	24.7%	8.0%
13	JARUM IMMUNASI	82.7%	9.3%	8.0%
14	JARUM SUNTIK	92.7%	3.3%	4.0%
15	PENDEKATAN ATAU DUDUK BERSAMA	6.0%	5.3%	88.0%
16	JARUM UNTUK NARKOBA (IDU)	88.7%	5.3%	5.3%
17	KERINGATAN	12.7%	21.3%	66.0%
18	KANDUNGAN PEREMPUAN HAMIL	65.3%	20.0%	14.7%
19	KOTORAN MANUSIA	13.3%	30.7%	56.0%
20	BAJU ATAU HANDUK	7.3%	25.3%	67.3%
21	HUBUNGAN SEKS	95.3%	3.3%	1.3%

APPENDIX 3

FGD QUESTIONS AND RESPONSES

2/10/2005

1. Putri (*Bookshop Keeper, Moslem*)
2. Ruri (*Art Student, Catholic*)

* This was the first FGD. The interview wasn't recorded and the other participant along with Putri requested a pseudonym. Notes were written that were checked by the participants afterwards. They were both given copies of the questions and were asked to read through them first in case there were some they preferred not to answer. The FGD was informal and took three hours.

HIV-AIDS

Do you believe that you are well-informed about HIV-AIDS?
Apakah anda merasa cukup memahami informasi tentang HIV-AIDS?

P: Ya, lumayan. Terutama cara menular, contohnya lewat darah, HUS.

R: Ya, saya merasa sudah cukup memahami.

Where have you learnt about HIV-AIDS and related issues eg. TV?
Dari mana anda belajar/ mendapat informasi tentang HIV-AIDS contohnya, TV?

P: Dari TV dan teman-teman. Terutama dari MTV dll.

R: Ya, dari TV.

Do you believe there is enough circulating information about HIV-AIDS?
Menurut anda apa ada kekurangan informasi tentang HIV-AIDS?

P: Kayaknya ya. Yang bertanggung jawab menyampaikan informasi mengenai HIV –AIDS entah kenapa tapi kurang berhasil. Contohnya, LSM-LSM kayaknya kurang bagus aja.

R: Ya, informasi HIV kayaknya nggak sampai setiap golongan masyarakat, contohnya orang desa atau orang miskin. Kebanyakan orang mengakses informasi tentang HIV lewat internet dan TV, bagaimana kalo yang ga punya? Bagaimana mereka bisa mengakses?

Can you give an example where you believed the HIV-AIDS message was most successfully conveyed? In what context was this?
Apakah anda bisa memberikan contoh dimana menurut anda cara menyampaikan informasi mengenai HIV-AIDS kurang bagus atau kurang efektif? Tolong jelaskan.

P: Kalau diberikan fakta-fakta, statistik-statistik yang ngeri.

R: Ya, kalau ada statistik yang menakutkan atau cerita ngeri, seperti isteri kena HIV lewat suaminya dan ga tahu bahwa suami senang macam-macam dengan orang lain. Atau lewat tranfusi darah. Mereka yang benar-benar kasihan.

How would you present HIV-AIDS to young people? Particularly women?
Seumpamanya anda dikasih kesempatan, bagaimana caranya anda menyampaikan informasi HIV-AIDS kepada para pemuda? Apa cara yang paling efektif atau cocok untuk kaum muda? Kalau khususnya perempuan muda bagaimana? Informasi yang paling penting bagi mereka apa aja?

P : Ya seperti itu tadi. Pakai statistik yang ngeri. Yang ada shock valuenya pokoknya.

R: Anak muda kan suka yang menghebohkan, ya kan? Jangan yang tentang biologi aja. Mereka juga mau tahu tentang pacaran yang benaran, kontrasepsi. Kalo anak SMP SMA kan ga diajari tentang hal-hal ini. Mereka cari informasi dari tempat yang ga tentu benar atau pantas. Salah informasi malah bisa mengacaukan.

Do you believe that HIV-AIDS is a problem in Indonesia?
Menurut anda apakah HIV-AIDS sudah menjadi wabah di Indonesia?

P: Ga.

R: Belum sih.

Do you believe that HIV-AIDS originates from the Western world?
Menurut anda apakah HIV-AIDS adalah penyakit barat? Apakah HIV-AIDS berasal dari barat?

P: Ya kayaknya. Katanya sih.

R: Belum jelas. Bisa dari Afrika.

Do you believe HIV-AIDS is something you need to know about?
Menurut anda apakah HIV-AIDS adalah sesuatu yang perlu anda perhatikan?

P: Ya harus. Dan lebih dari itu kok. Juga tentang PMS lain, bukan hanya HIV yang ngeri.

R: Ya.

How at risk do you feel? What is your own risk perception?
Apakah anda merasa anda bukan tipe orang yang bisa kena HIV-AIDS? Mengapa? Apakah anda merasa diri anda menghadapi risiko akan kena HIV-AIDS?

P: Ya kan aku udah pacaran yang udah berhubungan seks. Aku mau bertanggung jawab atas perilaku aku sendiri, makanya butuh tahu tentang HIV. Tapi selain seks itu, aku ga suka pakai drugs atau yang lain.

R: Ya. Aku harus tahu. Setiap perempuan lebih berisiko mungkin karena kadang-kadang mereka ga tahu pacar atau suami apain kan. Dasar cowok kan.

SEX AND SEXUALITY AND REPRODUCTIVE HEALTH

Whose responsibility is it to buy condoms? In what circumstance is it appropriate to wear a condom?
Tanggung jawab siapakah membeli kondom? Kapan atau pada situasi apa saja orang seharusnya memakai kondom?

P: Ya, dua-duanya. Sebenarnya sih. Tapi ya malu juga. Kadang-kadang bikin pada berantam. He he.

R: Dua-duanya. Gantian.

Do you believe that condoms should or shouldn't ever be used in married relationships? Why?
Menurut anda apakah pemakaian kondom harus atau tidak kalau dipakai dalam hubungan suami-isteri? Mengapa?

P: Ga usah. Kalau udah dalam pasangan suami-isteri, ga usah soalnya sudah berjanji.

R: Ga usah sama sekali. Kan, udah married.

Do you think that sex education in schools is adequate?
Apakah anda merasa pendidikan seks di sekolah sudah cukup dan efektif?

P: Kurang banget, cuman biologi tok. Sebenarnya anak-anak sekarang udah mulai HUS dan tahu banyak. Mereka juga bisa mengakses informasi dari internet yang bisa aja kurang pantas. Seharusnya mereka juga diberitahu tentang tanggung jawab dalam pacaran, perasaan, kontrasepsi. Kalau mereka udah mulai HUS dan segala macam tapi belum tahu tentang semua yang terkait dengan melakukan bagaimana mereka bisa siap menghadapi kehamilan yang tak diinginkan, atau kekerasan. Kalau mereka lebih memahami hal-hal seks dan segala macam nggak tentu mereka akan mulai lebih awal atau jadi lebih gila seks. Biar siap aja.

R: Ya, benar. Harus tahu tentang kontrasepsi dll.

If you could change sex education programs what would you like to change?
Kalau anda diberikan kesempatan mengubah sistem dan materi pelajaran pendidikan seks di sekolah, termasuk cara penyampaian apa yang anda merevisi/mengubah/menambah?

P: Ya, yang itu tadi. Ditambahin dibuat lebih luas materinya dan mungkin kalau pakai orang dari luar sekolah untuk mengajar. Pakai statistic-statistik ngeri, kelasnya dipisahkan selama ada ajaran itu supaya anak-anak merasa lebih santai bertanya.

R: Juga mungkin seharusnya mulai lebih awal. Mungkin SMA udah terlambat. Dari SMP udah sering ada yang MBA mungkin karena mereka kurang memahami dan berpengetahuan. Belum siap secara mental dan emosional.

When is the best time to start a sexual relationship? Is this different to when your mother was your age do you think?
Menurut anda kapan orang pantas memulai hubungan seksual? Apakah ini berbeda kalau dibandingkan dengan masa muda ibu anda?

P: 17 atau 16. Pokoknya terserah orangnya. Aku dulu udah SMP kepingin banget punya pacar. So, tiap orang beda-beda kan.

R: Menurut aku kalau udah lulus SMA lebih baik. Kalau terlalu muda belum siap. Di SMPku dulu udah ada yang hamil umurnya 14 udah hamil. Dia aborsi supaya bisa lanjutin sekolahnya tapi dikeluarkan karena ketahuan. Juga ada yang mau lulus dan jadi hamil terus dia aborsi. Dia juga dikeluarkan dari sekolahku, soalnya sekolahku Katolik. Hampir tiap tahun ada beberapa yang hamil. Mereka kebanyakan MBA aja.

P: Di sekolahku juga banyak sekali. Orang pikir anak muda ga kayak gitu-gitu tapi remaja sini senakal remaja manapun! Masyarakat umum ga mau mengakui aja.

How empowered do you feel in making decisions involving your own body?
Apakah anda merasa berkuasa terhadap semua keputusan mengenai tubuh anda? Maksud saya, dalam hal pacaran, apa anda merasa berani besuara dan bilang tidak pada setiap situasi?

(silence)

P: Ya, berani. Kalau aku membandingkan aku dengan teman-temanku yang lain aku lebih berani mungkin. Banyak dari temanku yang bisa dianggap naïf.

R: Ya, berani aja. Aku usahin aku ga didalam situasi yang berbahaya begitu.

How informed do you feel you are about your reproductive health rights?
Apakah anda cukup tahu tentang hak-hak kesehatan reproduksi anda?

(wasn't asked)

Do you know where you can access reproductive health services, both medical and otherwise?
Apakah anda tahu dimana anda bisa mengakses pelayanan kesehatan reproduksi, baik medis dan lain lain?

P: Kalau aku sih paling ke dokter aja, ga pernah ke tempat seperti itu. Ya, paling juga cari di internet.

R: Kalau setahu aku ke puskesmas aja, kata ibuku. Kalau masalah pribadi aku ngobrol ama teman aja.

P: Ya, ngobrol ama teman aja. Menurut aku LSM-LSM untuk itu kurang bagus, hanya kerja dan kelihatan pas ada isu-isu baru aja. Ga konsisten. Aku kurang percaya kounsellor-kounsellor mereka juga.

What has the biggest influence over you attitudes towards sex eg. Religion, friends, family, media, school, self esteem?
Pendapat-pendapat anda terhadap seks paling dipengaruhi oleh apa saja, contohnya agama, media, teman-teman?

P: Agama, terus lingkunganku. Budaya juga.

R: Agama dan orang tuaku. Budaya juga.

Is there a difference in the way that boys talk about sex, as compared to girls?
Apakah ada perbedaan antara laki-laki dan perempuan ketika mereka membicarakan seks atau pacaran? Bagaimana cara laki-laki membicarakan seks? Apakah ada perbedaan kosa kata atau fokus Tolong memberi contoh.

P: Ya pasti, ha ha. Cowok lebih ke teknik dan menggambarkan tubuh ceweknya, pokoknya exaggerate deh. Ga mungkin omongin perasaan, love.

R: Lebih gaya aja. Tapi juga kalau cewek-cewek kumpul bisa seru aja.

What is safe sex?
Safe sex, apakah itu?

P: Kalau pakai kondom waktu HUS.

R: Safe sex yang paling safe ga usah aja. Nunggu aja sampai udah married.

RELATIONSHIPS

What are risky situations in relationships?
Tolong berikan contoh situasi berisiko dalam pacaran.

P: Kekerasan, perselingkuhan, perkosaan. Meskipun udah pacaran yang sah bisa aja terjadi perkosaan. Selain ini juga ada kekerasan secara mental, namanya makan hati. Sering aku lihat teman sampai nggak PD lagi karena dijelekkkan atau direndahkan terus oleh pacarnya. Makan hati.

R: Ya, sering juga aku lihat ada teman yang habis dipukul wajahnya, memar ditangan dll. Meskipun dibilangin nggak tentu dia putus sama pacarnya. Cinta kan buta.

If you yourself were in such a situation how empowered would you feel in order to protect yourself?
Kalau anda berada didalam situasi seperti itu apa anda merasa berani atau kuat membela diri?

(long silence)

P: Ya.

R: Ya, harus bisa.

Have you ever heard any stories of date rape, dating violence, cheating? Please share with me.
Apakah anda pernah mendengarkan cerita dari teman-teman anda tentang perkosaan kencan, kekerasan dalam pacaran, perselingkuhan. Tolong ceritakan. Apakah anda sering mendengar cerita tentang peristiwa-peristiwa ini?

P: Ya sering sekali ada cerita tentang perselingkuhan. Tapi yang suka perselingkuhan kebanyakan cowok. Kebanyakan cewek selingkuh mungkin karena mencari jodoh yang lebih kaya atau gimana, kalau cowok karena mencari challenge. Dasar cowok kan, ego yang jadi bosnya. Cowok kelihatannya senang selingkuh sampai fisik, kalau cewek kebanyakan flirting aja.

R: Sering juga dengar cerita tentang perkosaan. Date rape.

Has anyone you have ever met had an abortion? What is your opinion of this?
Apakah anda mempunyai kenalan yang pernah mengalami atau dengar cerita tentang aborsi? Apa pendapat anda mengenai ini? Tolong ceritakan gimana cara-cara mengaborsi.

P: Ya, ada. Tapi saya sangat nggak setuju dengan aborsi dan aku heran karena orang sering nanyain aku tentang dimana bisa dan harganya berapa. Nggak tahu kenapa mereka pikir aku yang tahu. Aborsi bukan pilihan.

R: Ya saya ada kenalan tapi saya sangat nggak setuju dengan aborsi. Bertentangan dengan agamaku.

How free are you to choose your potential life partner?
Apakah anda merasa bebas memilih pasangan hidup/suami di masa depan anda? Yang mempengaruhi pilihan anda apa/siapa saja?

P: Bebas sih tapi tentu saja pendapat orang tua penting juga.

R: Bebas. Ibuku dia dijodohkan dan orang tua aku kepingin aku bebas memilih.

What is more important love or trust? Financial success or emotional stability?
Apa yang lebih penting dalam pacaran – cinta atau kepercayaan? Kekayaan atau stabilitas emosi?

(wasn't asked)

What are the main attitudinal differences between men and women in regards to relationships?
Apa bedanya antara pendapat laki-laki dan perempuan terhadap pacaran? Apakah kebutuhan dan kemauan mereka berbeda-beda?

(wasn't asked)

FEMININITY/ PERCEPTIONS

How are Javanese women perceived? How are you pressured to be? Appearance, achievements, goals?

Perempuan Jawa yang ideal seperti apa, keinginannya, penampilannya? Apakah anda merasa didorong mengikuti ideal itu?

P: Lembut, halus, sopan. Jadi isteri dan anak yang baik dan rajin. Kalau bisa berkarir tapi jangan sampai karirnya mengganggu kerjaan rumah. Manut dan cantik.

R: Ya, pokoknya lembut dan manis. Pokoknya ideal gitu. Diam.

How much do these notions influence the decisions you make in your life? Who creates these notions?

Seberapa besar anda merasa dipengaruhi stereotype ini? Siapa yang menciptakan stereotype ini?

P: Dipengaruhi sih tapi aku nggak mungkin akan sampai seperti itu. Dari dulu aku tomboi dan berani omong sih. Tapi ya mungkin kadang-kadang aja.

R: Yang menciptakan ini kebudayaan so tentu saja merasa sedikit dipengaruhi. Tapi ya aku begini so nggak terlalu dipengaruhi oleh stereotip ini.

How are women represented in the media? How does media representation affect your life?

Bagaimana perempuan dicitrakan oleh media? Tolong menjelaskan. Apakah anda merasa dipengaruhi oleh kesan-kesan ini?

P: Rambutnya panjang, kulitnya putih, atau sawo matang, badannya langsing nggak pendek. Stylish. Aku nggak dipengaruhi oleh stereotip ini, malah memberontak. Aku pernah coba ikut audisi iklan shampoo dan waktu itu aku dreadlock!

R: Aku nggak dipengaruhi oleh stereotip itu karena nggak mungkin aku bisa menjadi seperti itu. Tapi mengenai warna kulit dipengaruhi sih karena kelihatannya lebih bersih kalau putih. Pendapat perempuan tentang penampilan mereka sendiri dipengaruhi perempuan lain, bukan cowok. Setahu aku cowok suka aja cewek yang agak montok dan funky. Nggak harus selalu anggun...

How similar are the representations of modern media to that of the traditional Javanese female?

Menurut anda perempuan jaman dulu dengan modern seperti apa?

P: Mungkin lembut dan sopannya tapi beda juga lho. Intinya sama mungkin.

R: Penampilannya beda. Sekarang perempuan Indonesia lebih dipengaruhi ideal barat, kan sekarang bisa beli pil-pil diet, ngebleach kulit, meluruskan rambut dan membesarkan payudara dengan lotion. Aku yakin bahwa kalau disurvei kebanyakan perempuan muda sekarang pasti menganggap mereka sendiri jauh banget dari perempuan ideal tradisional. Sepertinya fenomena ini aktif kok bukan pasif. Maksudku mereka udah nggak mau seperti ideal itu lagi. Kamso soalnya.

Is there much contradiction between the stereotypical Javanese woman and the pervading reality?

Apakah ada banyak perbedaan antara stereotype perempuan ideal dan kenyataannya?

P: Ya pasti. Namanya stereotip kan.

R: Ya terutama tentang 'kelembutan'. Orang kan sama dimana-mana, harus bisa berani berpendapat.

Do you think that you are under more pressure than your mothers? Pressure to be a certain way and achieve certain things?

Apakah menurut anda kehidupan anda lebih penuh dengan tekanan dibandingkan dengan masa muda ibu anda? Apa yang berbeda?

P: Ya. Sekarang harus bisa berkarir, mandiri, mendapat suami yang mampu dan baik, pokoknya better dan more. Harus juga menjadi isteri dan ibu yang baik.

R: Gimana ya. Mungkin dulu jaman ibuku perempuan merasa lebih ditekan karena mereka nggak boleh omong atau membicarakan masalah pribadi mereka kalau mereka merasa stress atau yang lain, pokoknya harus pasrah aja, dan terima semua. So stress mereka agak beda dan mungkin nggak kelihatan. Tapi kalau generasiku merasa tekanan dari mana-mana. Ini dicampurkan dengan keinginan orang tua. Mereka kepingin kita lebih berhasil atau mempunyai kehidupan yang lebih mampu dari pada waktu mereka muda. Apalagi tentang uang. Uang semakin penting bagi generasiku dan ini ditambahkan oleh orang tua yang tentu saja kepingin anak mereka lebih better. So, mimpi mereka yang nggak dicapai waktu mereka masih muda diharapkan dijalankan oleh anak mereka. Ibuku kepingin aku bisa melakukan semua yang dia tidak bisa melakukan, pekerjaan yang bagus, banyak uang. Tekanan kita ditambahkan dengan mimpi-mimpi orang tua kita. Tahu maksudku?

Do you think you are better informed about such things than your mothers might have been at your age?

Menurut anda, kalau dibandingkan dengan masa ketika ibu anda seumur anda, apakah anda lebih berpengalaman dan mempunyai pengetahuan yang lebih luas?

P: Pasti. Kita bisa mengakses internet, TV lebih seru dan lain-lain.

R: Pasti pengetahuanku lebih dari ibuku waktu dia seumur aku. Pasti dia lebih naif aja. Tapi aku juga nggak yakin ini fenomena yang baik. Mungkin Indonesia terlalu buka sekarang sebelum jadi siap.

Do you think your life as a young woman is easier than that of your mother's or more complicated? Why?

Apakah anda merasa kehidupan anda lebih rumit dibandingkan dengan kehidupan ibu anda ketika seumur anda?

(answered with previous question)

Is it possible to tell the difference between a good girl/ clean girl and a bad girl/dirty girl?

Apa definisi 'cewek nakal'? Bagaimana bisa tahu siapakah 'cewek nakal'? Apakah mudah membedakan antara good girl/bad girl?

P: Kadang-kadang ya kadang-kadang tidak. Bisa aja ada cewek yang berjilbaban yang suka main cowok. Nggak tentu bisa tahu dari penampilan mereka.

R: Kalau aku pikir kelihatan aja kalau dia cewek nakal. Pakaianya terbuka, badannya seksi, norak. Kalau dia sering ganti-ganti pacar atau selingkuh juga. Ada cewek nakal yang kaya dan senang dugem, pakai drugs atau senang mabuk. Contohnya ayam kampus. Mereka jadi pelacur bukan gara-gara kebutuhan tapi karena kepingin punya uang untuk beli pakaian, pulsa dll. Ada banyak sekali cewek seperti ini sebenarnya di Yogya.

How can you identify these girls? Have you ever been accused of being one of these? In what circumstance?

Apakah anda pernah dituduh sebagai 'cewek nakal'? Kapan dan mengapa?

P: Ya, sering juga. Aku soalnya suka minum dan nongkrong ama cowok-cowok. Aku juga perokok kan. Dulu waktu aku kuliah aku cewek sendiri yang berani merokok di kampus. Habis aku yang mulai rokok didepan umum tahu-tahu banyak cewek lain yang ikut-ikutan. Sebel aku. Kalau aku sih dari berani aja rokok dimana saja soalnya orang tua dua-duanya perokok. No big deal.

R: Ya, mungkin karena aku perokok dan senang kumpul sama anak-anak minum lapen. Mungkin juga karena aku rambutnya pendek.

LIFESTYLE

How is your lifestyle different to that of your mothers?

Apa cara hidup anda berbeda dengan cara hidup ibu anda ketika dia seumur anda?

(wasn't asked)

Do you think that everything that comes with modernity and globalization is positive? What would you like to change?

Menurut anda semua aspek didalam proses modernisasi dan globalisasi baik dan bermanfaat? Peristiwa-peristiwa negative seperti apa contohnya?

P: No, nggak semua yang bagus. Kehidupan sekarang lebih rumit dan mahal. Semakin nggak sehat dan susah aja.

R: Ya, pikiran dan hati orang semakin nggak sehat aja. Pindah ke desa aja yuk!

What are the negative aspects about modernity particularly in regards to the behaviour and attitudes of young people? What do you disapprove of?

Yang anda paling tidak setuju tentang modernisasi apa saja, terutama yang terkait dengan perilaku kaum muda?

P: Anak muda sekarang mungkin terlalu cepat mau dewasa. Sok metropolitan aja juga. Mulai macam-macam lebih awal karena kepingin lebih modern atau gimana.

R: Ya, nggak peduli lagi tentang kebudayaan atau tradisi.

How often do you hear about or witness yourself drug or alcohol use? What is your opinion of this?

Berapa sering anda melihat atau mendengar tentang pemakaian alcohol atau narkoba oleh kaum muda? Anda berpendapat apa tentang peritiswa ini?

P: Sering. Apalagi anak muda, SMP SMA.

R: Sering.

How big an influence does technology have on your life? How often do you use the internet? Your handphone?

Seberapa besar anda dipengaruhi oleh teknologi? Berapa sering anda memakai internet? Untuk apa? Berapa sering anda memakai hp anda?

(wasn't asked)

How common is pornography in urban Yogyakarta? Do you know if it is readily accessible? What is your opinion of this?

Setahu anda apakah pornografi mudah didapat di Yogya? Apa pendapat anda terhadap pornografi?

P: Ada dimana-mana dan gampang sekali didapat. Dulu susah sekarang gampang sekali. Ada banyak yang juga buatan sini. Aku pernah lihat ada film dimana ceweknya berjilbab dan ‘merokok’ cowok bule di pantai. Ceritanya dia anak SMP. Jijiki banget!! Juga kadang-kadang aku dengar ada strip tease atau pesta-pesta seks. Sekarang udah mau umum di Yogya.

R: Ada banyak sekali porno yang buatan sini. Biasanya agak amateur tapi.

What is free sex? Do you believe this is a big problem in Yogya? Why? Can you elaborate on related issues?

Apakah free sex itu? Menurut anda masalah free sex besar atau tidak di Yogya? Mengapa?

P: Free sex masalah besar disini memang. Apalagi dengan anak muda. Mereka udah mulai HUS pas mereka SMP atau SMA. Nggak apa-apa sih tapi mereka bisa aja belum siap atau kurang berpengetahuan tentang safe seks dan PMS-PMS. Kurang siap secara emosional dan mental.

R: Free sex sekarang udah umum banget di Yogya.

What is your opinion about the way young people enjoy their nightlife in Yogya? What kinds of things do they do?

Apa pendapat anda tentang dunia dugem? Apa yang baik dan yang tidak baik? Seperti apakah kehidupan malam kaum muda? Kegiatan mereka dan lain-lain.

P: Sebenarnya sih kurang jelas apa anak-anak muda benar-benar suka danse musik atau ikut-ikutan barat atau Jakarta aja. Mungkin merek kepingin kelihatan metropolitan atau keren. Sok tahu. Cowoknya paling ke acara-acara seperti rave party atau klub malam karena mau ngeceng, lebih karena mau cari cewek. Tapi bisa aja juga ceweknya cari cowok juga dan cari kesempatan berpakaian seksi dan terbuka. Ada banyak alasan anak-anak ikut acara ‘duff-duff’.

R: Anak SMP dan SMA sekarang jauh lebih berani dan mempunyai jauh lebih banyak pilihan untuk cari hiburan. Drugs, free sex gampang aja. Waktu aku masih SMP nggak seperti ini sama sekali. Lama-lama Yogya menjadi seperti Jakarta.

November to December 2006

- 1: *Astrid (WHO employee, Catholic)*
- 2: *Ririen (Playgroup teacher, Moslem)*
- 3: *Nova (UGM junior lecturer in politics, originally from Flores, Protestant)*
- 4: *Laila (ANU sociology student, Moslem)*
- 5: *Fang-fang (Business student, UGM, Chinese descent, Catholic)*

* Discussion was conducted in English as requested by the respondents. The section on lifestyles was not included in the discussion material.

HIV-AIDS

Do you believe that you are well-informed about HIV-AIDS?

- 1: Maybe not.
- 2: I'm curious about lesbians and HIV-AIDS.
- 3: It's a big problem in Papua, not sure why, perhaps because of different sexual behaviours, talking about sex being not as taboo, and a lack of information.
- 4: Apparently at the moment, it's a big problem also in Wonosari as it is acceptable after a woman's first menstruation to have many sexual relations. I'm not sure though.

Where have you learnt about HIV-AIDS and related issues eg. TV?

- 1-5: Media mainly, through friends (consensus).

Do you believe there is enough circulating information about HIV-AIDS?

- 1-5: No, not to villages and young people (consensus).

Can you give an example where you believed the HIV-AIDS message was most successfully conveyed? In what context was this?

- 2: I really like the famous MTV campaign of two years ago that was supported by Close Up toothpaste. It was funky but contained a lot of good information for young people.
- 4: I thought the Chinese government had a good campaign, where in Hong Kong you can find stickers everywhere that say : "no drugs, no sex, no hiv-aids" juxtaposed next to a skull and cross bones. That was aggressive but effective I guess.
- 3: I thought the idea of the condom ATM that was going to be introduced at malls and university had its pros and cons: positive: make people more aware, negative: facilitate more sex. Better back to basic appropriate education. The general public didn't seem to want it really.

How would you present HIV-AIDS to young people? Particularly women?

(wasn't asked)

Do you believe that HIV-AIDS is a problem in Indonesia?

(wasn't asked)

Do you believe that HIV-AIDS originates from the Western world?

(wasn't asked)

Do you believe HIV-AIDS is something you need to know about?

(wasn't asked)

How at risk do you feel? What is your own risk perception?

(wasn't asked)

SEX AND SEXUALITY AND REPRODUCTIVE HEALTH

Whose responsibility is it to buy condoms? In what circumstance is it appropriate to wear a condom?

2: Both.

3: 60% men, 40% women.

Do you believe that condoms should or shouldn't ever be used in married relationships? Why?

4: Although there may be a need, if suddenly introduced condoms could cause suspicion between partners.

Do you think that sex education in schools is adequate?

(wasn't asked).

If you could change sex education programs what would you like to change?

(wasn't asked).

When is the best time to start a sexual relationship? Is this different to when your mother was your age do you think?

1: Everyone is different, when you feel ready personally.

2: After marriage.

3: To do 'everything else' is OK already at high school age.

4: Maybe 18-20, whenever the individual is emotionally mature and not just influenced by TV and movies.

5: It's better after marriage but when the individual is mature enough is OK too.

3: I remember when I was a child some children were caught kissing in the mushollah!

5: I've heard of people having affairs on the train too! It's everywhere.

How empowered do you feel in making decisions involving your own body?

1-5: all conceded that they believed they had the ability to protect themselves when needed, or at least hoped so.

How informed do you feel you are about your reproductive health rights?

(wasn't asked)

Do you know where you can access reproductive health services, both medical and otherwise?

(wasn't asked)

What has the biggest influence over you attitudes towards sex eg. Religion, friends, family, media, school, self esteem.

(wasn't asked)

Is there a difference in the way that boys talk about sex, as compared to girls?

(wasn't asked)

What is safe sex?

(wasn't asked)

RELATIONSHIPS

What are risky situations in relationships?

(wasn't asked)

If you yourself were in such a situation how empowered would you feel in order to protect yourself?

1: I was nearly raped once by a friend of my fathers, a young American man. I could defend myself physically at the time but have always felt bad and weak that I did nothing about it afterwards. It had a really damaging affect on my self-esteem.

Have you ever heard any stories of date rape, dating violence, cheating? Please share with me.

CHEATING:

1: I know a lot of people who cheat. It's like the norm with young people in Indonesia. I don't agree really, but it's everywhere and to different degrees too.

4: It's difficult for women who are cheated on because it is very taboo to break up a marriage, even if the husband cheats. Thinking about HIV-AIDS cheating can also be dangerous.

2: Some people just get bored in a long term relationship. There are different degrees of cheating too: TTM: teman tapi mesra (close friends who flirt), HTI: hubungan tanpa ikatan (relationship without commitment), HTS: hubungan tanpa status (relationship lacking status). These are all very common, not matter what your religion or background. Whether you like it or not.

5: Some people say ‘cheating is beautiful’. It may be fun and exciting but it can also be hurtful and dangerous for your health, especially when we talk about HIV.

3: Maybe it’s the adrenaline, like a game. Some people like to ‘shop’ around I guess. Maybe it’s ego too.

DATE VIOLENCE/RAPE:

1: Everyone knows it’s not on, and it’s always the woman who gets hurt. But I read somewhere it’s not just Asian woman that accept it, women all over the world find themselves in these situations and take it to certain degrees. For a number of reasons if you think about it.

2: Many women are socially and financially dependent on their partners and just take the violence.

3: Love is blind?

4: Indonesian women are expected to be obedient even if it is bad for their well-being, like in the case of domestic violence.

5: Some girls are scared of losing the man and just shut up.

Has anyone you have ever met had an abortion? What is your opinion of this?

(wasn’t asked)

How free are you to choose your potential life partner?

1-5: All conceded that they felt free to choose but naturally the opinions of their parents and family were very important to them. Religion plays a part too.

What is more important love or trust? Financial success or emotional stability?

(wasn’t asked)

What are the main attitudinal differences between men and women in regards to relationships?

(wasn’t asked)

FEMININITY/ PERCEPTIONS

How are Javanese women perceived? How are you pressured to be? Appearance, achievements, goals?

1: Has to be feminine, long black hair, always wears a skirt, oval face, ‘crescent moon eyebrows’.

2: Accepting of whatever the males in their life ask, no matter what.

4: There are so many rules that are ancient, from the Kraton I guess. She must have almond eyes, very brown eyes. She must be able to dance and invert her elbows. She must walk like a ‘starving tiger’. Have teeth like ‘cucumber seeds’. Small, not pointy nose, small mouth and be slim.

3: She can’t be too tall either, 155-160. Light brown skin, not white like now, or dark like me!

4: Permissive, and speak with a soft voice.

5: Small boobs too. Not like me! (all giggle...)

4: Usually, in the past, women were married right after their first period. They had to be obedient overall.

How much do these notions influence the decisions you make in your life? Who creates these notions?

(wasn't asked)

How are women represented in the media? How does media representation affect your life?

(wasn't asked)

How similar are the representations of modern media to that of the traditional Javanese female?

(wasn't asked)

Is there much contradiction between the stereotypical Javanese woman and the pervading reality?

(wasn't asked)

Do you think that you are under more pressure than your mothers? Pressure to be a certain way and achieve certain things?

1: More complicated? Not really.

4: Maybe we have more bargaining power and self-determination to make decisions in our lives.

5: My mother has always been pushy. She seems to get her way a lot!

Do you think you are better informed about such things than your mothers might have been at your age?

1: I guess my mother was more naïve, especially when you talk about sex and stuff. Now we are also more open minded and perhaps educated.

4: We don't mess around with what we say (basa basi), we are more encouraged to speak our mind I guess, of course still within boundaries.

Do you think your life as a young woman is easier than that of your mother's or more complicated? Why?

(wasn't asked)

Is it possible to tell the difference between a good girl/ clean girl and a bad girl/dirty girl?

1: A bad girl dresses sexy. Her 'assets' exposed, so to speak. (all giggle).

2: They don't seem to be studious, like to hang out at malls a lot. Like to smoke and maybe take drugs. These are stereotypes probably though.

3: Dye their hair all kinds of colours, have a lot of piercings and love to show off, being the centre of attention no matter what.

4: But on the other hand, it's like they don't care what other people think, about other people's opinions (cuek). I'd call them rude and impolite actually, especially in public.

1: Lots of people blame 'bad girls' for having 'free sex' but how can we really know. Lots of people have sex before marriage but may look like 'good girls' from the outside.

5: Very flirty with men. Always going to nightclubs (ajeb2, sedang sibuk).

4: I think they are very influenced by the West, Western trends that we see on TV. But I guess we always blame the West for anything negative in Indonesia.

5: Especially with fashion, jeans etc.

3: Whitening cream! That's a popular one! Hard for me with my dark skin. I think we are supposed to be taller too. You can buy vitamins that make you grow. I'm sure it doesn't work though. There is a lot of pressure to be like the models on TV. Most of who are half-foreigner anyway.

1: I think essentially though behaviour is the same, which is hard for people that work with trying to educate people about things like HIV-AIDS. We are still very conservative really.

4: Levels of Javanese culture are being lost and replaced with ideas coming from globalisation. Now we have more of a national identity than a regional one. Mix of 'Indonesian' and Javanese values.

How can you identify these girls? Have you ever been accused of being one of these? In what circumstance?

(wasn't asked)

11/08/2006 and 25/08/2006

*This section of my qualitative research took the shape of two informal discussions. The participants did not want to commit to the time restraints and formality of a Focus Group Discussion so we agreed upon two anonymous informal discussions. The participants were all from Moslem backgrounds, wore very conservative Moslem dress and were currently completing their undergraduate degrees. There were six participants in total and I will refer to them numbered 6-11 respectively. The discussion took place in English as requested by the participants.

*Participant 6 was the most active and confident in her answers, and although participants could answer in Indonesian if they liked, this may be due to her competent English language capabilities. Participant 9 was the sister of Participant 6 and this may have impacted on her input. Participant 11 was the quietest and appeared to be the most conservative and withdrawn.

*A number of questions were not asked due to time constraints and due to participant's disinterest in a number of points.

HIV-AIDS

Do you believe that you are well-informed about HIV-AIDS?

(wasn't asked)

Where have you learnt about HIV-AIDS and related issues eg. TV?

6-11: All replied that they learnt about HIV-AIDS through their schooling.

Do you believe there is enough circulating information about HIV-AIDS?

6-11: All replied no, they didn't believe there was enough information circulating.

Can you give an example where you believed the HIV-AIDS message was most successfully conveyed? In what context was this?

7: Believed that the most effective HIV-AIDS campaigning involved real case studies and examples of PLWHA.

How would you present HIV-AIDS to young people? Particularly women?

6: Believed that it would be appropriate for the discussion to take place in front of parents or an elder family member, with the audience gender segregated.

Do you believe that HIV-AIDS is a problem in Indonesia?

6, 8: Agreed that HIV-AIDS was a serious problem in Indonesia and attributes this also to the lack of accessible medicine and treatment.

7, 11: Blamed the visible 'loss of culture' occurring in Indonesia due to globalization.

Do you believe that HIV-AIDS originates from the Western world?

(wasn't asked)

Do you believe HIV-AIDS is something you need to know about?

10: Agreed that it was necessary for her to know about HIV-AIDS prevention not because of her personal socio-sexual behaviours but more because of the fact it was a blood borne virus which can transmit through unsafe needle practices in hospitals.

How at risk do you feel? What is your own risk perception?

(wasn't asked)

SEX AND SEXUALITY AND REPRODUCTIVE HEALTH

Whose responsibility is it to buy condoms? In what circumstance is it appropriate to wear a condom?

(wasn't asked)

Do you believe that condoms should or shouldn't ever be used in married relationships? Why?

6: Conceded that it was ok to use condoms as a form of contraception in marriage.

Do you think that sex education in schools is adequate?

6-11: All believed that sex education in schools was not adequate.

8: Added that it was 'just biology' and did not include issues of reproductive or sexual health such as STIs.

If you could change sex education programs what would you like to change?

9: Believed that it was important to 'teach the teachers' about reproductive and sexual health issues in order to equip them with the appropriate knowledge.

When is the best time to start a sexual relationship? Is this different to when your mother was your age do you think?

(wasn't asked)

How empowered do you feel in making decisions involving your own body?

(wasn't asked)

- How informed do you feel you are about your reproductive health rights?

(wasn't asked)

Do you know where you can access reproductive health services, both medical and otherwise?

6: From hospitals.

7: From Health related NGOs.

11: From talkshows.

8: From *posyandu* (community health centres).

What has the biggest influence over you attitudes towards sex eg. Religion, friends, family, media, school, self esteem.

6: Explained that the media, films in particular have had an influence on the way she thinks about sex but this always takes second place to information obtained from religious leaders and Islamic texts.

Is it acceptable to discuss sex within your culture? Or is sex something hidden and not discussed?

6: Only in an informative sense, or with regards to health.

Is there a difference in the way that boys talk about sex, as compared to girls?

6-11: Unanimously stated that boys discuss sex in a completely different manner to girls.

9: Intimated that boys like to discuss girls bodies.

10: Added that they like to discuss this in detail!

6: Acknowledged that women are more prone to discuss feelings and emotions with regards to sex.

What is safe sex?

6-11: Safe sex is sex within the bounds of marital contract.

What is your opinion of sex before marriage? Is it common?

6-11: All agreed that sex before marriage was 'bad'.

7: Conceded that pre-marital sex went against religious norms.

8: Admitted that it was common with youth who "don't know about the risks".

RELATIONSHIPS

What are risky situations in relationships?

7: Believed that issues of jealousy and 'possessiveness' were inappropriate.

9: 'Godaan', temptation from others.

10: Issues of honesty, particularly with regards to those "pretending to be something they are not".

If you yourself were in such a situation how empowered would you feel in order to protect yourself?

6-9: All believed that they felt empowered.

10-11: Did not comment.

Have you ever heard any stories of date rape, dating violence, cheating? Please share with us.

6: Said that cheating was so common and that those who conducted this lacked the courage to tell the truth and liked ‘playing the game’.

Has anyone you have ever met had an abortion? What is your opinion of this?

6: Said that she often read about it in the newspaper, and as far as she knew it was very common. She said that this was due to the lack of appropriate sex education which leads young women to have “free sex”.

7: Added that as far as she knew abortions were most commonly conducted by traditional birth attendants, “dukun bayi”.

How free are you to choose your potential life partner?

(wasn’t asked)

What is more important love or trust? Financial success or emotional stability?

(wasn’t asked)

What are the main attitudinal differences between men and women in regards to relationships?

(wasn’t asked)

FEMININITY/ PERCEPTIONS

How are Javanese women perceived? How are you pressured to be? Appearance, achievements, goals?

6: Said that there were rules and regulations about everything, from appearance to demeanor.

6-11: All stated that she must be graceful and move slowly.

9-10: Moaned that she must be slim.

7: Added that she must be ‘fresh looking’.

How much do these notions influence the decisions you make in your life? Who creates these notions?

(wasn’t asked)

How are women represented in the media? How does media representation affect your life?

(wasn’t asked)

How similar are the representations of modern media to that of the traditional Javanese female?

(wasn’t asked)

Is there much contradiction between the stereotypical Javanese woman and the pervading reality?

(wasn’t asked)

Do you think that you are under more pressure than your mothers? Pressure to be a certain way and achieve certain things?

(wasn't asked)

Do you think you are better informed about such things than your mothers might have been at your age?

(wasn't asked)

Do you think your life as a young woman is easier than that of your mother's or more complicated? Why?

(wasn't asked)

Is it possible to tell the difference between a good girl/ clean girl and a bad girl/dirty girl? How can you identify these girls? Have you ever been accused of being one of these? In what circumstance?

6-10: All conceded that you can tell a 'bad girl' by the way she conducts herself, how she wears skin- flashing clothing.

6: Added that the majority of 'bad girls' lived in non-restrictive boarding houses.

LIFESTYLE

How is your lifestyle different to that of your mothers?

7: Suggested that perhaps in her mother's time education for women was not viewed as important.

9: Said that in the past it was rare for a young woman to be single and seeking work before she was married.

8: Believed that in contemporary times there appears to be more choice for women.

Do you think that everything that comes with modernity and globalization is positive? What would you like to change? What are the negative aspects about modernity particularly in regards to the behaviour and attitudes of young people? What do you disapprove of?

6: Thought that there were many negative aspects of the internet such as pornography and that it facilitates crime.

9: Believed that some kinds of modern fashion trends are questionable but that perhaps health systems in general have improved.

7: Said that the manner in which young people globalize has changed immeasurably.

6: Commented that the influence of Western education systems could be a positive change, in the sense that it fostered a more open learning environment.

8: Complained that in contemporary times young people are more impolite, and disrespectful of their elders.

6: Agreed and added that young people are more frequently engaging in pre-marital sex.

9: Said from her knowledge there are many elements, pressures, that have come with modernity which have led to young people to consider suicide.

How often do you hear about or witness yourself drug or alcohol use? What is your opinion of this?

6-11: All stated that they often heard about young people indulging in drug and alcohol use but they themselves had never witnessed it. They believed it was because of their conservative religious and socio-cultural background that kept them removed from such behaviours.

How big an influence does technology have on your life? How often do you use the internet? Your handphone?

(wasn't asked)

How common is pornography in urban Yogyakarta? Do you know if it is readily accessible? What is your opinion of this?

9: Said as far as she knew it was very common, and available at most rental outlets, although you needed to know the "secret code word" to access it.

What is free sex? Do you believe this is a big problem in Yogya? Why? Can you elaborate on related issues?

6-11: All believed that "free sex" was a big problem in Yogyakarta.

9: Commented that this was largely due to lax boarding houses which facilitated "free behaviours" and rebellion in young women.

What is your opinion about the way young people enjoy their nightlife in Yogya? What kinds of things do they do?

8: Looked at it all very negatively and believed that it is reflective of a lack of religious focus.

10: Added that it reflected a lack of discipline as well.

24/04/2008

Mexy (Coordinator of the Radio Broadcast Division, Moslem of Sumatran background).

Bernadetha, (Head of Media and Campaigns, Catholic from Flores).

Arsih, (Coordinator of the Research Division, Moslem from Java).

Vena, (Youth Counsellor, Moslem from Java).

*This taped focus group discussion took place at my place of work, PKBI, where I was posted from March 2007-April 2008. The participants were young female staff members all working in different divisions. Their knowledge of HIV-AIDS, sexuality and related issues was very high, therefore some questions may have been somewhat tiresome for them. Nevertheless, I was still very interested in their comments and opinions concerning these issues. Some elements of the discussion were not included in the transcript as they related to off the topic concerns or were slightly repetitious. The entire section on HIV-AIDS awareness and relationships were omitted. Bernadetha and Arsih often had to leave the discussion room.

SEX AND SEXUALITY AND REPRODUCTIVE HEALTH

Whose responsibility is it to buy condoms? In what circumstance is it appropriate to wear a condom?

(wasn't asked)

Do you believe that condoms should or shouldn't ever be used in married relationships? Why?

M: Ya ga tuh sih. Cuma kalau misalkan persoalan KB kalau di kita tanggung jawab perempuan kadang-kadang, ga berarti laki-lakinya ga mau pake condom. Tapi sebenarnya menurut Mexy kalau berbicara soal kontrasepsi memang harus tanggung jawab berdua, gitu. Dan kalo kesepakatan pake condom, ya pake condom.

V: Mungkin tergantung suami istri itu punya tujuan apa. Kalo tujuannya untuk reproduksi ingin memiliki anak tentu tidak menggunakan condom. Kalo mereka pasangan berhubungan seksual tanpa menginginkan adanya kehamilan tentunya menggunakan condom atau situasi dimana pasangan misalnya penderita HIV, HIV positif, sedangkan yang lain tidak, itu kan pengaman supaya tidak menularkan ke pasangan.

Do you think that sex education in schools is adequate?

(wasn't asked)

If you could change sex education programs what would you like to change?

(wasn't asked)

When is the best time to start a sexual relationship?

(hahahaha)

M : Nilai pribadi atau nilai ? (haha)

V : kalau menurutku saat dia siap dengan segala risikonya dan juga, risiko itu kan bisa bermacam-macam, risiko kesiapan psikisnya lalu bagaimana nanti menghadapi lingkungan sosialnya lalu kesiapan fisik juga misalnya risiko pada perempuan melakukan berhubungan seksual dibawah usia 20 tahun akan adanya penyakit kanker leher rahim, seperti itu.

Is this different to when your mother was your age do you think?

M: Menurut Mexy kalau dibilang beda banget juga loba, tergantung misalnya ketika kita di wilayah mana, cuman ketika misalkan berbicara berkiatan dengan norma di masyarakat mungkin mereka melakukan hubungan seksual kalau sudah menikah. Misalkan seperti itu tapi sekali lagi menikah itu juga dilihat, contextnya di daerah mana, kalau misalkan di pedesaan dibawah usia 20 tahun mereka harus sudah menikah dan mereka melakukan hubungan seksual dalam kondisi yang kadang-kadang tidak siap, maksudnya secara fisiknya mereka belum siap. Maksudnya, belum matang untuk melakukan hubungan seksual, maksudnya dengan risiko. Tapi ketika misalnya kalau mereka sudah menikah itu sudah hak mereka untuk melakukan hubungan seksual. Tapi kalau misalnya di masa sekarang mungkin perempuan lebih pada memikirkan pernikahan tidak seperti dulu dalam artian ketika mereka sudah berkarir mau usia berapapun, kemudian mereka menikah baru melakukan hubungan seksual. Tapi konteks melakukan hubungan seksual seperti Mbak Vena bilang menurut Mexy ya tergantung kesiapan seseorang, dan dia juga harus tahu ketika dia melakukan itu dia sudah siap dengan risikonya. Kalau belum siap dengan risikonya mungkin bisa menggunakan condom.

V: Aku tidak yakin kalau ada perbedaan di masaku sekarang dengan masa ibuku (hahaha). Menurutku sama saja.

(kalau begitu kenapa banyak orang tua mengeluh atas perilaku anak muda sekarang?)

V: Pengaruh media menurut aku. Sekarang lebih terbuka, media juga bermacam-macam. Di jaman ibuku, jaman aku kecil, dulu stasiun TV cuman satu, TVRI, tidak ada stasiun swasta, dan TV pemerintah isinya semuanya apa namanya diatur oleh pemerintah. Mana-mana yang boleh disebarluaskan mana yang ga. Jadi bukan berarti apa yang tidak tersampaikan pada public itu tidak terjadi. Apalagi di jaman ibuku gitu.

M: Perkembangan jaman aja sih menurut Mexy. Itu yang kemudian pengaruhi, apa yang terjadi sekarang ya terjadi juga masa lalu. Makanya Mexy bilang kan jangkauan komunikasi atau media kalau misalnya kita diprosok kita tidak bisa menjangkau itu masih ada banyak hal yang terjadi yang harus dikritisi.

How empowered do you feel in making decisions involving your own body?

M: Berani (haha)...Ya selama ini ketika Mexy pacaran sangat berhak dengan apa-apapun yang Mexy melakukan, apalagi dengan hubungan seksual kita punya batasan-batasan dan juga harus tahu ketika melakukan itu dalam benar-benar disadari sama-sama mau atau tidak.

(kalau selain perilaku seksual?)

M: Menurut Mexy selain hubungan seksual, pacaran ya pacaran sehat aja sih Em. Maksudnya segala sesuatu bisa dikomunikasikan terus kemudian berjalan dengan posisi yang sama gitu. Tidak merasa tertekan seperti itu. Ketika ga suka ya bilang ga suka. Jadi berhak dengan apapun.

V: Kalau lihat dari pengalamanku dalam hubunganku dengan pasanganku memang banyak konflik karena aku tidak bersedia diatur misalnya, atau dipaksa melakukan sesuatu yang tidak kuinginkan. Seperti itu, meskipun mungkin pasanganku tidak memaksa secara terang-terangan mungkin secara halus, dan yang kualami dalam ketegasanku ternyata membuat akhirnya dia mundur, dan tidak ada penyesalan dalam diriku. Berarti dia bukan orang yang towat itu aja.

How informed do you feel you are about your reproductive health rights?

(wasn't asked)

Do you know where you can access reproductive health services, both medical and otherwise?

(wasn't asked)

What has the biggest influence over your attitudes towards sex eg. Religion, friends, family, media, school, self esteem.

M: Nilai pribadi dulu ya, terus kemudian agama jelas, terus lingkungan sekitar, maksudku keluargaku itu juga pengaruh besar. Cuma pendidikan tentang seksual itupun juga sebenarnya melakukan dengan cara sendiri, masuk PKBI maksudnya. Ketika masuk PKBI banyak hal yang Mexy jadi tahu. Karena keluarga Mexy termasuk keluarga yang sangat tabu berbicara tentang masalah seksualitas, hal-hal seperti itu cuma nilai-nilai misalnya menekankan "aku ini ga boleh" misalnya tertanam dalam dirinya itu dari agama dan keluarga sih.

(boleh nanya agama Mexy apa?)

M: Islam.

V: Banyak dipengaruhi buku, bacaan-bacaanku. Aku suka baca, dan sejak kecil sudah banyak baca macam-macam. Tapi memang lebih banyak yang ku baca, daripada misalnya yang kudengar dari teman-teman, kayak gitu. Kadang hari ini aku disingungkan temanku, aku sudah baca itu setahun yang lalu. Jadi lingkungan sekitarku atau teman sebayaku mungkin baru ngeribut aku sudah tahu dari dulu. Itu yang sering kualamkan, karena aku itu suka baca, baca apa saja, dan kalau dulu waktu kecil sulit buat aku misalnya memahami istilah yang ada gaitannya dengan hal-hal seksual, misalnya aborsi, atau keguguran, itu misalnya kutanyakan ke ibuku, itu waktu aku baru bisa baca, usiaku sekitar lima tahun, dan ibuku ga memberi jawaban apa-apa. Di rumahku dulu kan kakekku kebetulan dosen punya banyak buku macam-macam terus berlangganan imajalahnya itu, majalah pengetahuan, informasi, jadi bukan majalah lifestyle gitu, aku baca semua dan saat ibuku ga menjawab, aku cari sendiri. Dan aku selalu cari sampai dapat.

(kenapa ibumu ga mau jawab?)

V: Waktu aku kecil aku ga tahu, tapi setelah bertambah besar aku mulai menyadari ternyata pertanyaan-pertanyaan atau hal yang berhubungan dengan seksualitas itu memang tidak begitu mudah saja dibicarakan. Masalah pembalut, misalnya waktu aku kecil dan setiap kali aku mandi selalu ada pembalut ibuku ditaruh dikamar mandi aku tanya "ini apa?" cuma dijawab "pembalut", "untuk apa?" ga pernah dijawab. Sampai harinya aku menemukan sendiri jawabannya.

(itu pas kamu dah mulai menstruasi? Atau?)

V: Masih kecil karena kan, dari kecil selalu tergantung di kamar mandi. Ga mungkin ga ada fungsinya!

A: Kayaknya hampir sama dengan teman-teman dari buku, kalau dari orang tua dan keluarga ga sama sekali, ga, apalagi aku anak perempuan sendiri dirumah dan ibuku ga pernah omong apa-apa dengan soal menstruasi juga dan aku juga ga pernah nanya gitu loh.

(waktu kamu menstruasi pertama, did you think you were dying?)

A: Pertama aku ga tahu. Jadi aku pikir apa itu, ya ga ngerti itu apasih, tapi kebetulan saudaraku, sepupuku banyak yang cewek juga dan kasih tahu jadi akhirnya tahu kenapa aku sakit perut. Terus ibuku ga omong apapun deh.

M: Ya Mexy pake pembalut sampai kebalik, nempel, dan itu sakitnya luar biasa. Karena harus ditarik, bego kan, bego banget, makenya ga ngerti.

A: Kayaknya aku diajarin cara pake pembalut dari teman-teman sekolah.

(Researcher explains a little about tampon use. Tampon use is generally frowned upon in Indonesia due to the misconception that it damages the hymen.)

Is there a difference in the way that boys talk about sex, as compared to girls?

A: Ada, menurutku kalau cowok itu biasa omongin sex, buat mereka itu ga tabo, tapi biasanya kalau mereka omongin sex lebih vulgar, loba khas patriarkis.

M: Tapi kalau perempuan biasanya omongin cinta.

V: Perasaan gitu loh.

(Apa menurut kalian laki-laki memang lebih suka omongin sex atau dikondisikan jangan membicarakan perasaan?)

A: Dikondisikan. Lewat budaya.

M: Kalau cowok lebih terbuka kali tapi kalau kita cewek jarang yang namanya berbicara misalnya sampai perilaku sex ya paling mungkin ya masalah dengan pacar kemudian tentang hubungan itu sendiri seperti apa tapi tidak pada perilaku sexnya. Ya sekarang misalnya ditanya “udah sampai mana?” belum ada di kosnya Mexy akan omong “udah sampai mana” gitu juga ga bakal omong aku. Tapi kita lebih pada masalah-masalah ya ketika pacaran apa sih masalahnya, terus mungkin aku lebih suka melihat bahwa laki-laki dibentuk ga ekspresif kali ya di Indonesia. Jadi pada dasarnya mungkin mereka sama dengan perempuan tapi ataupun ketika mereka sedihpun sama gitu tapi kemudian mereka tidak ekspresif beda dengan perempuan cuman perempuan lebih pada perasaan. Mainnya seputar perasaan.

V: Mungkin teman-temanku lebih liar! (hahaha) Mungkin tergantung lingkungan kita! Mungkin temanku ga baik-baik (hahaha).

M: Tapi ga juga tapi omongnya ga sampai tiga orang atau empat orang. Ketika misalnya membicarakan perilaku sexnya hany dua orang gitu. Dan itu orang yang dia percaya misalkan.

V: Ya ada seperti yang dibilang Mexy atau apa Arsih, tapi ga, tidak semuanya seperti itu. Ada juga yang cukup terbuka perempuan, terbuka terhadap aktivitas seksual dia dengan pasangannya. Tidak hanya dibicarakan berdua, maksudnya hanya kita berdua, tapi juga bisa berkelompok saling membicarakan seperti itu. Sharing kayak gitu karena kadang-kadang disitu nanti ada sesuatu yang jadi pertanyaan itu bisa diungkapkan dan teman-teman yang lain bisa bantu, bisa kasih pendapat. Apalagi kan kalau informasi sexnya minim misalnya “kenapa ..kok kayak gini sama pacarku” misalnya “aku kok jadi basah ya?” Itu kan pertanyaan yang dia rasakan, dia alami sendiri, bingung, nah terus, saat kumpul sama teman-teman dengan suasana yang santai, bercanda, itu bisa keluar. Tapi bisa juga misalnya kondisinya berbicara antara dua orang bisa juga misalnya lebih tertutup orangnya akan seperti itu. Dan kalau masalah yang tadi apa laki-laki lebih membicarakan seksual dan kurang bahas masalah hubungan, perasaan, ya mungkin pengalamanku beda karena banyak teman laki-laki bercerita tentang masalah emosional mereka dengan pasangan.

(Mungkin mereka ga nyaman membicarakan hal-hal seperti itu dengan teman-teman laki-lakinya?)

V: Yang aku lihat gini, kadang, kalau omong masalah perasaan dengan teman laki-laki mereka itu merasa malu. "Kok kamu kayak gitu aja jadi masalah? Cengeng!" Mungkin itu sebabnya, dia membahas itu dengan teman perempuan.

M: Atau tergantung dengan orang yang dia paling percaya ya. Dengan siapapun dia bisa curhat. Kalau Mexy misalkan ada teman cowok yang benar-benar bisa dipercaya dan menurut Mexy dia cukup objektif dengan misalkan berfikir atau berpendapat tentang sesuatu itu enak aja diajak ngobrol. Tentang kapanpun, tentang masalah apapun. Masalah pacaran pun itu juga bisa diajakin obrol untuk mendapat pendapatnya dari laki-laki sendiri seperti apa. Karena kadang-kadang kita suka ga paham pola pikir laki-laki seperti apa.

What is safe sex?

(wasn't asked)

FEMININITY/ PERCEPTIONS

How are Javanese women perceived? How are you pressured to be? Appearance, achievements, goals?

(Mexy dari mana?)

M: Kalau Mexy sih selalu bingung dengan pertanyaan itu. Besar dan lahir di Sumatra, Bengkulu, tapi Mexy punya darah Jawa karena papa Mexy asli Jawa Tengah.

V: Aku lahir disini, karena ayah saya orang sini Yogya, tapi ibuku punya darah Sumatra, dan dia pendarang disini. Awalnya.. Jadi di rumah itu ada campuran budaya luar Jawa, lalu untuk budaya Jawanya, kebetulan ayahku tidak terlalu Jawa, dia bahkan tidak begitu lancar berbahasa Jawa yang halus, meskipun dia asli Yogya, lahir di Yogya. Karena ini mungkin ayahku itu dia punya ideologi nasionalis. Jadi dia tidak terlalu suka dan hindari hal-hal yang primordial kedaerahan. Dia kagum Sukarno, yang sangat nasionalis.

M: Kalau fisik ga terlalu ya, tidak pernah banyak dibahas sih, maksudnya perempuan ideal seperti apa, mungkin perilaku yang namanya misalkan perempuan harus lebih halus, terus kemudian ya identiknya seperti misalkan mama kali, ibu. Ya mungkin perempuan ideal seperti itu. Tapi menurut Mexy kebetulan mama dan papa Mexy bukan termasuk orang yang waktu ketika mereka jadi pasangan suami istri, tapi cuman ini pasti kelihatan, ketika misalnya mama punya kegiatan omong ke papa dulu, dan terus kalau papa sepakat itu dilakukan, kalau ga, ga gitu. Ya kepala keluarga kelihatan disitu. Ya istri dibentuk kemudian ya kalau misalkan suami setuju dia harus seperti itu ya mungkin dibentuk seperti itu. Tapi kalau untuk urusan misalkan keputusan-keputusan tapi kalau dalam bekerja, kebetulan mama Mexy bekerja jadi papa membuat anak-anak perempuan harus bekerja, dia selalu bilang dia harus punya penghasilan, tidak harus minta. Ketika berkeluarga tidak harus minta sama suami. Jadi tidak harus yang perempuan yang manut banget.

V: Kalau aku, jujur ibuku waktu kecil ibuku banyak nasehati aku, ibuku kebetulan anaknya perempuan semua, ibuku merasa sangat bertanggung jawab untuk membuat kita perempuan yang sesuai dengan norma-norma. Dan dia merasa tanggung jawabnya berat karena punya tiga anak perempuan, bukan cuman satu. Nilai-nilai sangat ditanamkan sejak dini. Yang aku ingat itu SMP kuta udah mulai menstruasi udah mulai membahas tanggung jawab perempuan untuk jaga diri. Terus untuk berhati-hati dengan laki-laki, bergaul harus menjaga jarak dengan teman laki-laki. Lalu dikaitkan dengan juga tanggung jawab misalnya perempuan itu harus frajil? harus bisa bekerja rumah tangga, harus menguasai. Karena ibuku perempuan sekolah sebesar apapun akan kembali ke dapur, menurut ibuku begitu. Kalau hal itu sangat terbelakang menurut aku. Tapi di hal ini karena pengalaman ibuku yang sebenarnya punya cita-cita impian untuk bekerja tapi tidak

tercapai maka dia mendorong anak-anaknya untuk bekerja, jangan seperti dia. Untuk hal itu aku setuju, tapi kalau hal-hal lain..

M: Kalau Mexy kalau dirumah banyak sekali misalkan sepupu yang tinggal di rumah jadi aku termasuk anak yang manja dalam artian kalau dengan urusan rumah tangga aku sama sekali tidak mengerti. Apa-apa ada yang kerjain, jadi ada yang masak. Jadi kalau urusan domestik Mexy belajar sendiri. Kemudian nanya ke mama "masak ini seperti apa sih?" dan diajari jadi ketika aku bertanya itu akan diajarkan tapi kalau msialkan ga bertanya ya ga kayak gitu. Terus juga kalau di latar belakang mama punya pengalaman nenek dipoligami jadi kemudian menekankan ke Mexy ketika tidak punya penghasilan kalau suamimu macam-macam kamu tidak akan survive gitu, intinya harus bekerja. Kakekku yang punya istri tiga, dan nenekku ga punya penghasilan sama sekali tapi dia punya keterampilan untuk menghidupi anak-anaknya jadi disitu kan bikin mama Mexy sangat kerja rumah tangga pada suami itu kan kelihatan disitu. Maksudnya ...tidak bisa mengurus suami ...nenek terima terus bentuknya dia mencari perempuan lain secara tidak langsung. Kalau aku sekarang bisa menganalisa dan kemudian mamaku sangat ketika dia punya papa ya bisa dibilang dia sangat jaga rumah tangganya tapi ya itu tekanannya lebih kepada anaknya ketika saatnya menikah punya suami tidak sesuai dengan harapannya makanya harus bekerja.

V: Tinggi, putih, langsing, tapi ga kurus...

M: Berbody gitu. Kayak gitar kayak gitu-gitu deh bawahnya besar dan atasnya kecil tapi menurut Mexy ya balik lagi juga tidak semuanya suka kayak gitu.

(Apa ini masih diperlihatkan sekarang atau lebih pada jaman ibu dan ayahmu?)

M: Ga tuh papa dan mama Mexy ga...mau gedhe mau kayak apa yang penting sehat. Gitu saja. Intinya yang penting sehat.

V: Kalau ibuku dulu sering paksa makan banyak supaya lebih gemuk jangan terlalu kurus, ya kayak gitu. Tapi aku tu ga bisa gemuk.

M: Karena kalau keluargaku memang besar-besar ya Em gendut gendut gitu jadi bawaanya ya udah dari sana mama Mexy juga sekarang gemuk, genetiknya.

V: Tapi kalau tante-tante, om-omku tetap aja gemuk. Kita bersaudara kurus semua, tapi ibuku untuk ukuran ibu untuk usia itu tidak gemuk. Ya langsing, ga kurus.

M: Keluargaku gemuk banget. Jadi bulat-bulat! Mungkin kalau dia masih gadis ya Em mungkin badan-badan langsing ga kurus tapi berisi gitu. Tapi kalau sudah menikah semuanya jadi gemuk-gemuk. Tapi kalau dalam keluarga cuman Mexy sendiri yang gemuk, yang lainnya kurus-kurus, ikut papa kayaknya. Jadi aku ga pernah dipermasalahkan kalau aku gemuk.

B: Kalau di rumahku perempuan kurus itu jelek, perempuan kurus itu dianggap ga segar dilihat, kayak ga sehat. Cantik itu menurut keluargaku itu perempuan yang gendut itu sehat. Aku sendiri dirumah yang kurus, yang lain agak gendut-gendut dan aku selalu dibilang jelek, kayak kurang gizi, tulangnya kelihatan jelek.

(Memang dari kecil kamu kurus atau sempat gendut?)

B: Ya sempat gendut waktu pacaran sih, makan teratur, dirawat. Kalau media kalau jaman dulu ya jaman 70-60 stereotip perempuan Indonesia itu perempuan montok, body gitar. Jadi bokongnya harus padat dan sekarang dibalik tu, harus yang kurus tapi pantatnya agak berisi susunya agak bagus gitu. Dan selalu 'Indo' banget yang selalu pelestarian itu selalu disebut cantik.

(Terus kalau rambut dan segala?)

M: Kalau rambut lurus hitam kali.

B: Makanya ga pernah ada top model Indonesia yang orang Papua karena kulitnya coklat rambutnya kriting. Walaupun tinggi-tinggi, seksi-seksi.

*Further questions regarding representations were not asked.

Is it possible to tell the difference between a good girl/ clean girl and a bad girl/dirty girl?

M: Aku tu berhak menjudge orang nakal atau tidak ya. Kalau dilingkungan cewek nakal itu, perokok, minum, mabuk,

B: Sex before married,

V: Sering pulang malam,

M: Kalau diatas jam 9 itu udah cewek nakal. Oh suka dugem.

B: Pake tato,

M: Main bilyar,

B: Aku semuanya kecuali pake tato,

M: Kalau dandanan ga sih menurut Mexy. Oh, kalau nakal mungkin lebih pada ini ya, mini-mini gitu. Cuman di masyarakat dilihatin. Di kos Mexy kan ada waria, waria cantik banget, hampir tidak merupai laki-laki sedikitpun, dan hobinya pake rok mini, dia suka digosipin.

V: Kalau dilingkunganku, budaya berpakaian, berjilbab itu, banyak anak-anak mudanya pake jilbab, jadi kadang-kadang ibuku suka kuatir kalau aku keluar rumah kadang-kadang suruh aku benarkan bajuku misalnya, pake yang lebih lebar. Kalau didaerah rumahku masih seperti itu.

B: Kalau di Timor ga, selalu unik soal baju, orang-orang ga begitu peduli jadi pake pendek-pendek gitu, hal biasa. Ke gereja pun kan pake seksi-seksi. Kalau budaya sana perempuan dandan seksi-seksi.

M: Tapi kalau bukan Muslim memang lebih terbuka soal pakaian karena kalau Mexy kalau dirumah pake ketat-ketat ga boleh. Celana misalkan ketat sama papa Mexy ga boleh, dibilangin "ga ada yang lain po?", "ganti yang lain, kalau ga bajunya dipanjangin".

V: Malah ibuku yang kayak gitu.

M: Papa dan adik-adik laki-laki yang suka ribut. Kalau pake celana yang agak ketat yang hipster gitu kan, "bajunya diganti lah!".

A: Kalau ditempatku juga gitu karena basic masyarakat memang Islam ya dan kalau di keluargaku sendiri kami semua di rumah berjilbab. Dari neneku, ibuku, terutama kalau keluar rumah, tapi kalau didalam rumah tidak begitu. Ya aku pake jilbab karena tante ku berjilbab. Misalnya kalau keluar rumah pake ketat-ketat ga sampai dilarang tapi dibilangin gitu. "Ya ganti kalau bisa". Tapi mereka juga ga mau aku pake jilbab besar, kayak Islam fundamental, ga mau gitu. Bahkan ibuku ga setuju aku pake jilbab SMA, kelas 2, ibuku ga setuju. Terus aku waktu itu sih aku mikirnya alasanku ngerit baju aja. Kalau pelajaran agama kan harus pake jilbab biar aku ga pikir baju dua kali, pake yang panjang aja. Terus waktu kuliah juga pas waktu aku wisuda ibuku ga mau aku pake jilbab, pake dandan tradisional aja. Ya dibuka jilbabnya. Karena kita bukan Islam yang....

(Terus ada ga cewek nakal yang pake jilbab?)

V, B, A, M: Banyak!

M: Banyak! Hanya pake jilbab untuk menutupi sesuatu! Misalnya rambut ga bagus, pahanya jelek, terus telinganya apa. Menurut Mexy itu banyak. Banyak sekali. Makanya orang suka menilai dari penampilan tapi Mexy ga suka itu. Kalau hamil juga gedhe gitu ga kelihatan Em. Tiba-tiba punya anak kan, malah lebih parah perilaku seksual.

A: Dan aku pernah dengar cerita lucu walaupun berjilbab besar kerja di coop di UGM. Jadi cewek itu maling, barang-barang suka disembunyikan..."Mbak ga berani kan". Tapi pas diperhatikan dia nyolong 3 kali.

M: Mexy sangat setuju dengan pendapat mamaku, ketika Mexy bilang, "mama, Mexy mau berjilbab", terus mama bilang "sholatmu dah lima kali po?". Kalau maksudnya nilai agama ga usah gitu. Kalau adik pake jilbab karena tuntutan di kampus ya karena kuliahnya di Islam kan ya sehari-hari pake jilbab walaupun ketika wisuda juga ga pake jilbab. Hal-hal kayak gitu.

(Juga ada yang pakaiannya seksi habis hak tinggi segala, tapi berjilbab .)

M: Aku paling sebel lihat kayak gitu. Setengah-setengah menurut aku. Kalau mau pake pake benaran sesuai dengan ketentuan di ini, tapi misalnya ..ya, ga usah gitu...Bajunya segini tapi berjilbab..

A: Tapi kalau aku melihat sisi lain kita mau menilai subjektif juga lebih menilai pada itu konsekuensi dari sistem pendidikan kita. Misalnya kampus yang Islam mewajibkan pada jilbab padahal belum tentu mereka mau pake jilbab gitu loh. Sistem pendidikan kita diskriminatif gitu....

(membicarakan semakin konservatif mengenai pemakaian jilbab)

B: Dan itu anak-anak sekolah dimanapun kalau dia Muslim harus pake jilbab...

V: Dan guru-guru juga gitu, pake jilbab. Terutama di Bandung yang Islamisasi kuat banget... Dulu di sekolahku soal jilbab selalu dibicarakan.

How can you identify these girls? Have you ever been accused of being one of these? In what circumstance?

(wasn't asked)

LIFESTYLE

How is your lifestyle different to that of your mothers?

(wasn't asked)

Do you think that everything that comes with modernity and globalization is positive? What would you like to change?

(wasn't asked)

What are the negative aspects about modernity particularly in regards to the behaviour and attitudes of young people? What do you disapprove of?

(wasn't asked)

How often do you hear about or witness yourself drug or alcohol use? What is your opinion of this?

(wasn't asked)

How big an influence does technology have on your life? How often do you use the internet? Your handphone?

(wasn't asked)

How common is pornography in urban Yogyakarta? Do you know if it is readily accessible? What is your opinion of this?

(wasn't asked)

What is free sex? Do you believe this is a big problem in Yogya? Why? Can you elaborate on related issues?

V: Seks ga bayar.

M: Istilah dari Indonesia.

B: Seks gratis jadi semua orang yang sudah nikah ya mereka free sex. Ya kan gratis. Yang sex benar justru itu pekerja sex.

M: Tapi kalau di masyarakat pergaulan bebas.

B: Sex before married mungkin.

(Itu konsep sini tapi pake bahasa Inggris. Kenapa ya harus pake bahasa orang lain?)

B: Kalau ga salah itu popular di tahun 90an ya, 80an ga ada itu. Dari itu juga muncul ayam kampus kali ya. Aku juga bingung "free sex"?....

A: Pertama mungkin pasca reformasi karena arus informasi jadi lebih bebas dulu gitu ga tahu ga bisa omonging yang tabu-tabu. Kalo pasca reformasi kalau media muncul mungkin itu bisa munculkan "ternyata ada toh, ayam kampus itu ada toh?" dan itu diminati banyak orang kan.

A: (ayam kampus) Itu istilah di, pelacurkan diri, mahasiswi yang berprofesi sebagai pekerja sex gitu.

B: Ayam kampus yang paling terkenal di Indonesia, ya itu di Yogya di UII.

M: Dan itu identik fakultas psikologi dan ekonomi (hahahahaha).

B- Kalau angkatanku udah banyak yang ayam kampus. Pernah ada retreat di kampusku dan semua orang ga mau tidur dengan perempuan itu karena dia ayam kampus dan semua pada menjauhi.

A: Kalau waktu aku kuliah aku ga dong adanya ayam kampus.

B: Itu kan dunia nakal say. Ada yang di UII suka ganti bajunya di taxi habis kuliah, diganti pake baju seksi. Mau ketemu ama om-om dan dibawa ke hotel mana.

A: Kalau aku tahu ada kayak gitu ya dari baca "Tuhan ijinkan aku jadi pelacur" tentang anak UMY. Dan kebetulan pas membaca itu aku kenal jadi aku ketawa-ketawa.

B: Ada Alit loh disitu..

A: Dia pake nama samaran tapi kita tahu. Ya dia mahasiswa disana kuliah di kampus yang fundamental, jilbab besar... dia menjadi pelacur gitu. Pertama dengan temannya sendiri, dan yang ceritakan itu temanku juga...buku itu laris...dia juga bilang dosennya jadi ininya dia dan dosennya jadi agennya dia...cewek itu bilang dia cantik...

(membicarakan tampon lagi)

APPENDIX 4

*As mentioned in previous chapters statistics available are often incomplete and not necessarily representative of the entire impact of the epidemic. The statistics below are nationally considered to be the most reliable.

	Statistik Kasus HIV/AIDS di Indonesia Dilapor s/d Maret 2009 Sumber : Ditjen PPM & PL Depkes RI	Cases of HIV/AIDS in Indonesia Reported thru' March 2009 Source: Directorate General CDC & EH Ministry of Health, Republic of Indonesia
	Dalam triwulan Januari s.d. Maret 2009 dilaporkan tambahan kasus AIDS dan pengidap infeksi HIV sebagaimana berikut: During quarter January thru' March 2009, AIDS and HIV cases were reported as follows:	
Q	HIV 114 □ AIDS 854	
	Provinsi melaporkan perubahan kasus AIDS sebagaimana berikut: Provinces reporting changes in number of AIDS cases as follows:	
	□ NAD/Aceh:4 □ Sumatera Utara/N. Sumatra: -12 □ Sumatera Barat/W. Sumatra: +30 □ Sumatera Selatan/S. Sumatra: +31 □ Bengkulu:+4 □ Bangka Belitung: +16 □ Jambi: +59 □ Lampung: +1 □ Kepulauan Riau/Riau Archipelago: +48 □ Riau: +4 □ DKI Jakarta: +26 □ Banten: +4	□ Jawa Barat/West Java: +274 □ Jawa Tengah/Central Java: +43 □ Jawa Timur/East Java: +61 □ Bali: +86 □ Nusa Tenggara Barat/W. Nusa Tenggara: +12 □ Nusa Tenggara Timur/E. Nusa Tenggara: +7 □ Kalimantan Tengah/C. Kalimantan: +1 □ Kalimantan Selatan/S. Kalimantan: +5 □ Sulawesi Utara/N. Sulawesi: +12 □ Sulawesi Tengah/C. Sulawesi: +4 □ Maluku: +3 □ Maluku Utara/N. Maluku: +2 □ Papua: +117
	Jumlah pengidap infeksi HIV dan kasus AIDS yang dilaporkan 1 Januari s.d. 31 Maret 2009 adalah: Total HIV and AIDS cases reported from 1 January through 31 March 2009 are:	
Y	□ HIV 114 □ AIDS 854 Jumlah HIV dan AIDS 968 Total HIV and AIDS	
	Secara kumulatif pengidap infeksi HIV dan kasus AIDS 1 Januari 1987 s.d. 31 Maret 2009, terdiri dari: Cumulative HIV and AIDS cases from 1 January 1987 through 31 March 2009 consist of:	
K	□ HIV 6668 □ AIDS 16964 Jumlah HIV dan AIDS 23632 Total HIV and AIDS	kematian: of whom died: 3492

Jumlah Kumulatif Kasus AIDS Menurut Jenis Kelamin Cumulative AIDS Cases by Sex			
S	Jenis Kelamin/Sex	AIDS	AIDS/IDU
	Laki-laki/Male	12640	6537
	Perempuan/Female	4239	535
	Tak Diketahui/Unknown	85	46
	Jumlah/Total	16964	7118

Jumlah Kumulatif Kasus AIDS Menurut Faktor Risiko Cumulative AIDS Cases by Mode of Transmission		
F	Faktor Risiko/Mode of Transmission	AIDS
	Heteroseksual/Heterosexual	8210
	Homo-Biseksual/Homo-Bisexual	628
	IDU	7125
	Transfusi Darah/Blood Transfusion	0
	Transmisi Perinatal/Perinatal Trans.	390
	Tak Diketahui/Unknown	611

Jumlah Kumulatif Kasus AIDS Menurut Golongan Umur Cumulative AIDS Cases by Age Group			
A	Gol Umur/Age Group	AIDS	AIDS/IDU
	< 1	135	0
	1 - 4	175	0
	5 - 14	88	7
	15 - 19	522	121
	20 - 29	8567	4605
	30 - 39	4997	1886
	40 - 49	1427	242
	50 - 59	404	43
	> 60	91	14
	Tak Diketahui/Unknown	558	200

Jumlah Kumulatif Kasus AIDS Berdasarkan Provinsi
Cumulative AIDS Cases by Province

P	o	Provinsi/Province	AIDS	AIDS/IDU	Mati/ Deaths
	1	Jawa Barat/West Java	3162	2366	579
	2	DKI Jakarta	2807	1998	425
	3	Jawa Timur/East Java	2652	901	596
	4	Papua	2499	2	352
	5	Bali	1263	238	240
	6	Kalimantan Barat/West Kalimantan	730	124	103
	7	Jawa Tengah/Central Java	573	134	224
	8	Sumatera Utara/North Sumatra	485	209	93
	9	Riau	368	97	116

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1 0	Kepulauan Riau/Riau Archipelago	325	29	128
1 1	DI Yogyakarta/Jogjakarta	246	120	70
1 2	Sumatera Barat/West Sumatra	234	168	69
1 3	Maluku/Moluccas	190	79	69
1 4	Sumatera Selatan/South Sumatra	184	94	36
1 5	Sulawesi Utara/North Sulawesi	173	40	62
1 6	Jambi	165	96	50
1 7	Lampung	144	112	42
1 8	Sulawesi Selatan/South Sulawesi	143	91	62
1 9	Nusatenggara Timur/East Nusa Tenggara	117	11	23
2 0	Bangka Belitung	111	38	15
2 1	Nusatenggara Barat/West Nusa Tenggara	92	42	51
2 2	Banten	78	57	13
2 3	Papua Barat/West Papua	58	5	19
2 4	Bengkulu	52	31	14
2 5	NAD/Aceh	30	7	8
2 6	Kalimantan Selatan/South Kalimantan	27	9	5
2 7	Sulawesi Tengah/Central Sulawesi	12	6	6
2 8	Kalimantan Timur/East Kalimantan	11	4	10
2 9	Sulawesi Tenggara/SE Sulawesi	11	1	1
3 0	Kalimantan Tengah/Central Kalimantan	10	5	2
3 1	Maluku Utara/North Moluccas	9	2	8
3 2	Gorontalo	3	2	1
3 3	Sulawesi Barat/West Sulawesi	0	0	0
	Jumlah/Total	16964	7118	3492

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Prevalensi Kasus AIDS per 100.000 Penduduk Berdasarkan Propinsi
Prevalence of AIDS Cases per 100,000 population by
Province

o .	Propinsi/Province	Prevalensi/ Prevalence
	Papua	135.70
	Bali	36.21
	DKI Jakarta	30.81
	Kepulauan Riau/Riau Archipelago	27.12
	Kalimantan Barat/West Kalimantan	17.90
	Maluku/Moluccas	14.28
	Bangka Belitung	10.90
	Papua Barat/West Papua	10.24
	Riau	8.09
0	Jawa Barat/West Java	8.08
1	Sulawesi Utara/North Sulawesi	8.01
2	DI Yogyakarta/Jogjakarta	7.50
3	Jawa Timur/East Java	7.15
4	Jambi	6.11
5	Sumatera Barat/West Sumatra	5.14
6	Sumatera Utara/North Sumatra	3.93
7	Bengkulu	3.23
8	Nusatenggara Timur/East Nusa Tenggara	2.80
9	Sumatera Selatan/South Sumatra	2.71
0	Nusatenggara Barat/West Nusa Tenggara	2.21
1	Lampung	2.01
2	Sulawesi Selatan/South Sulawesi	1.91
3	Jawa Tengah/Central Java	1.46
4	Maluku Utara/North Moluccas	0.99
5	Banten	0.85
6	Kalimantan Selatan/South Kalimantan	0.83
7	NAD/Aceh	0.77
8	Sulawesi Tenggara/SE Sulawesi	0.56
	Kalimantan Tengah/Central Kalimantan	0.53

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0	Sulawesi Tengah/Central Sulawesi	0.52
1	Kalimantan Timur/East Kalimantan	0.37
2	Gorontalo	0.33
3	Sulawesi Barat/West Sulawesi	0.00
	Nasional/National	7.50

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Jumlah Kasus Baru AIDS/HIV Berdasarkan Tahun Pelaporan
Number of New HIV/AIDS Cases by Year Reported

Tahun/Year	HIV	AIDS	Jumlah/ Total	AIDS/ IDU
1987	4	5	9	0
1988	4	2	6	0
1989	4	5	9	0
1990	4	5	9	0
1991	6	15	21	0
1992	18	13	31	0
1993	96	24	120	1
1994	71	20	91	0
1995	69	23	92	1
1996	105	42	147	1
1997	83	44	127	0
1998	126	60	186	0
1999	178	94	272	10
2000	403	255	658	65
2001	732	219	951	62
2002	648	345	993	97
2003	168	316	484	122
2004	649	1195	1844	822
2005	875	2638	3513	1420
2006	986	2873	3859	1517
2007	836	2947	3783	1437
2008	489	4969	5458	1255
2009 sd Maret/thru'March	114	854	968	308

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Sumber: Ditjen PP & PL Depkes RI
Source: DirGen. Communicable Diseases & Environmental Health, Dept. of Health, RI
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8 Mei
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